MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

19412

1. PLACE OF DEATH
County: Jackson — Registration District No.: 325
Township: Kansas — Primary Registration District No.: 1004 — File No.:
City: Kansas City — No.: 6221 E. 10th St. — Registered No.: 2212 — Ward)

2. FULL NAME: Ellen Moroney (MORONEY)
(a) Residence, No.: 6221 E. 10th St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fe. | 4. COLOR OR RACE: White | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown

AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
About	85			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year): 11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

FATHER
13. NAME: — Foley —
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): W. Moroney 6221 E. 10th St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt. St. Mary DATE: June 3, 1932

19. UNDERTAKER (ADDRESS): F. Dorfmeyer & Co 3236 Broadway

20. FILED: 6/2, 1932 M. M. Grook, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dr. Foley Crowe, 19..., to 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 3:45 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Age	
85	

Other contributory causes of importance: Arteriosclerosis

Name of operation: Date of:
What test confirmed diagnosis: Autopsy Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury:
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?
If so, specify:
(Signed) Stanley Wallace, M. D.
(Address) Kansas City, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD