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

Do not use this space.
24833
24833

1. PLACE OF DEATH

County ..... Registration District No. 792 ..... File No. .....
Township ..... Primary Registration District No. 3065 ..... Registered No. 7004
City St Louis (No. 1845 So Spring St. ..... Ward)

2. FULL NAME Bertha Mooney

(a) Residence, No. 1845 So Spring St., 18 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 11 1869

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	62	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) Cincinnati
(STATE OR COUNTRY) Ohio

FATHER

13. NAME W. C. Agnew

14. BIRTHPLACE (CITY OR TOWN) Ohio
(STATE OR COUNTY)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

17. INFORMANT John P. Mooney
(ADDRESS) 1845 So Spring

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE July 29 1932

19. UNDERTAKER John P. Cabanne & Bro
(ADDRESS) 9218 No Broadway

20. FILED JUL 28 1932, 19 ..... Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26 1932

22. I HEREBY CERTIFY, That I attended deceased from July 29, 1929, to July 26, 1932
I last saw her alive on July 26, 1932. Death is said to have occurred on the date stated above, at 11 P.M. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Alcoholism	
59	1 y
75B	

Other contributory causes of importance:

Diabetes Mellitus

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) C. Allen, M. D.
(Address) 701 Century Bldg

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