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.

APR 24 1933

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

Do not use this space.

14061

1. PLACE OF DEATH
County Nodaway
Township Jefferson
City Conception Jct (No. ..... St. ..... Ward)

Registration District No. 620
Primary Registration District No. 5822

File No. .....
Registered No. .....

2. FULL NAME Mollie Francis Growney

(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: P. R. Growney

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 12-3-1865

7. AGE: Years 65 Months 4 Days 4 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Gunnisville Iowa

PARENTS
10. NAME OF FATHER: John J. Lannigan
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ireland
12. MAIDEN NAME OF MOTHER: Margaret Malone
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Pennsylvania

14. INFORMANT: P. R. Growney
(Address) Conception Jct Mo

15. FILED 4/9, 1933 Mabel Graham REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 4-7 1933

17. I HEREBY CERTIFY, That I attended deceased from Nov 23, 1932, to 4-7, 1933 that I last saw her alive on 4-7, 1933, and that death occurred, on the date stated above, at 11 50 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis
Artericlerosis
(duration) ..... yrs. ..... mos. ..... ds. indefinite

CONTRIBUTORY (SECONDARY): Hypertension
(duration) ..... yrs. ..... mos. ..... ds. indefinite

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) J. M. Boyles, M. D.
, 19 (Address) Conception Junction

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Conception Mo
DATE OF BURIAL: 4-10 1933

20. UNDERTAKER: O. B. Pivetos
ADDRESS: Conception Jct 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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County Nodaway — Registration District No. 620 — File No.
Township Jefferson — Primary Registration District No. 5822 — Registered No.
City (No. , St. Ward)

2. FULL NAME Mollie Francis Growney
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 3 - 1865

7. AGE — YEARS 67 — MONTHS 4 — DAYS 4 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
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) Gannevelle Ia

FATHER
13. NAME John J Donnegan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME Margrette Malone
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

17. INFORMANT (ADDRESS) P R Growney Conception Jct Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Conception DATE 4/10 1933

19. UNDERTAKER (ADDRESS) P R Proctor

20. FILED 4/9 1933 Mabel Graham Registrar.

3. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 23 1932 to Apr 7, 1933
I last saw her alive on Apr 7, 1933 Death is said to have occurred on the date stated above, at 11.00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Arteriosis	

Other contributory causes of importance:
Hypertension

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

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) J M Boyles, M. D.
(Address) Conception Jct Mo

SUPPLEMENTARY

5-14061

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