

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

N. B.—Every item of information should be carefully supplied. **AGENTS** 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.

Donald Black
Prof Bldg

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

Do not use this space.

23313

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. Research Hospital) St. _____ Ward _____

2. FULL NAME Mrs Elizabeth Maloney
 (a) Residence, No. 3920 Wayne St. _____ Ward _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

File No. _____
 Registered No. 3019
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 John Maloney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 24, 1861

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>72</u>	<u>2</u>	<u>28</u>		

8. Trade, profession, or particular kind of work done, as planer, 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) Indiana

13. NAME Jacob Vollmer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME No record

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

17. INFORMANT (ADDRESS) Mrs Mary Wheeler 3929 Woodlawn

18. BURIAL, CREMATION, OR REMOVAL PLACE St Marys DATE July 25, 1933

19. UNDERTAKER (ADDRESS) Quirk & Tobin Co. Linwood & Main

20. FILED July 24, 1933 mm crowl Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22, 1933, 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-4-1931, to 7-22-1933, 1933
 I last saw him alive on 7-22-1933, 1933 Death is said to have occurred on the date stated above, at 9.07 A.M.
 The principal cause of death and related causes of importance were as follows:
~~Carcinoma of the~~
Pulmonary Embolism
III A
 Other contributory causes of importance: Arteriosclerosis

Name of operation _____ Date of _____
 What test confirmed diagnosis autops Was there an autopsy? Y

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) 924 Prof Bldg _____, M. D.
 (Address) 924 Prof. Bldg. K.C. Mo.

