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

Do not use this space.

26445

File No. 3175
Registered No.

1. PLACE OF DEATH
County Jackson
Township Raw
City Kansas City (No. 1021, West 26 th St. Ward)
Registration District No. 3 2 5
Primary Registration District No. 1 0 0 3

2. FULL NAME Sam Mooney
(a) Residence, No. 1221 Broadway 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.

SEP 26 1933

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

7. AGE: YEARS: About 35 | MONTHS | DAYS | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Sight
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Car Company W Lis
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): Unknown

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

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

17. INFORMANT: Fred Keel
(ADDRESS) Kansas City Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Louis DATE 8/7 1933

19. UNDERTAKER: H Tegeman & Son
(ADDRESS) 2238 Prospect

20. FILED Aug 7 1933 M M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/6/33, 19

22. I HEREBY CERTIFY, that I attended deceased from ....., 19.... to ....., 19.... I last saw h.... alive on ....., 19..... Death is said to have occurred on the date stated above at 11:10 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Traumatic Hemorrhage of the brain	
Fracture of the skull	

Other contributory causes of importance:

Name of operation no Date of
What test confirmed diagnosis Surgery Was there an autopsy Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 8/6/33
Where did injury occur? 800 block Wyoming
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Falling from Ladder
Nature of injury Traumatic Hemorrhage

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

DEF COR