

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

Do not use this space.

MAR 24 1934

1. PLACE OF DEATH

County Marion
Township Marion
City Hannibal (No. 313)

Registration District No. 547
Primary Registration District No. 3029
City Beid

File No. 1865
Registered No. 19 (circled)
St. 2 Ward

2. FULL NAME

Elizabeth Mahoney
(a) Residence, No. 313 Beid St. 2 Ward.

(If nonresident, give city or town and State)

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

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 Dennis Mahoney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 6 7

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. Home Wife

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) Hannibal Mo.

13. NAME John Doyle

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

15. MAIDEN NAME Junie Mahan

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

17. INFORMANT (ADDRESS) Mr. Dennis Mahoney Hannibal Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's Cemetery DATE 1-15-1934

19. UNDERTAKER (ADDRESS) James O'Donnell Hannibal Mo.

20. FILED Jan 19 1934 R. H. Jobst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 13 1934

22. I HEREBY CERTIFY That I attended deceased from Jan 12 1934 to Jan 13 1934

I last saw her alive on Jan 12 1934 Death is said to have occurred on the date stated above, at 6:09 m.

The principal cause of death and related causes of importance were as follows:

Diabetic (Melitic) Date of onset 1931

Other contributory causes important 57

Name of operation none Date of —

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? no

If so, specify (Signed) A. L. Shanks, M. D.

(Address) Hannibal Mo.

Exact statement of OCCUPATION is very important.

