

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

Do not use this space.

6492

File No. _____
Registered No. **1333**
St. _____ Ward _____

MAR 24 1934

1. PLACE OF DEATH

County _____ Registration District No. **791**
Township _____ Primary Registration District No. **1003**
City **St. Louis mo** (No. **Barnes Hospital**)

2. FULL NAME

Lillie Mooney

(a) Residence, No. **3928** **North 11th St., 26** Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **23** yrs. - mos. - 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 David C. Mooney		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 26, 1889		
7. AGE	YEARS 44	MONTHS 9
	DAYS 8	IF LESS than 1 day, _____ hrs. or _____ min.
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. own home	
	10. Date deceased last worked at this occupation (month and year) Jan 1934 Total time (years) spent in this occupation life	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rhindland, Mo.		
MOTHER	13. NAME Michael Riley	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville Kentucky	
	15. MAIDEN NAME Martha	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville Kentucky	
17. INFORMANT David C. Mooney (ADDRESS) 3928 N. 11th St.		
18. BURIAL, CREMATION, OR REMOVAL PLACE Frederick DATE Feb. 7 19 34		
19. UNDERTAKER Sued Meyer & Sons (ADDRESS) 2934 N. 20th St.		
20. FILED Feb - 15 1934 J. Bredeck Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **2 - 4 - 1934**

22. I HEREBY CERTIFY, That I attended deceased from **1 - 31 - 1934** to **2 - 4 - 1934**

I last saw her alive on **2 - 4 - 1934** Death is said to have occurred on the date stated above, at **11:25 P.M.**

The principal cause of death and related causes of importance were as follows:
Ludwigs Angina Date of onset **3**

Other contributory causes of importance:
Bronchio-pneumonia

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 **Wendell S. Scott**, M. D.
(Signed) **Barnes Harp**
(Address) _____

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

