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

Do not use this space.

MAY 25 1934

1. PLACE OF DEATH

County Jackson — Registration District No. ..... — File No. 13007

Township Kaw — Primary Registration District No. ..... — Registered No. 1750

City Kansas City No. K C General Hosp St. ..... Ward)

2. FULL NAME Martin Mooney

(a) Residence, No. 614 Main St. ..... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 8 1873

7. AGE: YEARS 61 — MONTHS 2 — DAYS 10 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labour

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) Fairview N. Carolina

FATHER

13. NAME John Mooney

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Golden Valley N. Carolina

MOTHER

15. MAIDEN NAME Barbara Michael

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Concord N. Carolina

17. INFORMANT (ADDRESS) Rewd Clerk K C Gen Hosp KCMo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Stony Point Wyandotte Co. Ks. DATE 4-20 1934

19. UNDERTAKER (ADDRESS) Geo. F. Porter & Sons 915 N 10 Kans City Kans

20. FILED 4-19-1934 M. M. Espoe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-18, 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-23, 1934 to 4-18, 1934

I last saw her alive on 4-18, 1934 Death is said to have occurred on the date stated above, at 1:45 a m

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

Bacterial endocarditis with septic infarct of Spleen / Spleenic abscess

Date of onset

Other contributory causes of importance:

73 a

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? 92

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 H Jennett, M. D.

(Address) Supt K C Gen Hosp

4-18-34

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

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.

10CM-11-24-33