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

Do not use this space.

20420

1. PLACE OF DEATH

County: Jackson — Registration District No.: 396 — File No.: [illegible]

Township: Kair — Primary Registration District No.: 1002 — Registered No.: 2000

City: Ke — (No. 3522, Broadway Woodlea Hotel St. ..... Ward)

2. FULL NAME Frances H Maloney

(a) Residence, No. 3522 - BROADWAY St., ... Ward. Santa Monica Cely
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fe
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: Alois A. Maloney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 11 - 1868

7. AGE: YEARS 65 — MONTHS 5 — DAYS 29 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, 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): Chicago Ill

FATHER

13. NAME: J. Spafford Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Burlington Vermont

MOTHER

15. MAIDEN NAME: Fannie Hannon
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Burlington Vermont

17. INFORMANT (ADDRESS): Alois A. Maloney, Santa Monica Calif

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Newcomer Vaults DATE: JUNE-12, 1934

19. UNDERTAKER (ADDRESS): D. Newcomers Sons, 2111 E 9th

20. FILED: 6/11, 1934 M. M. Crowe, Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6/10/34, 19

22. I HEREBY CERTIFY: That I attended deceased from Sixty Nine, 19..., to ....., 19.....

I last saw ..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4 A m.

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

Chronic Chromosis
Chronic Myocardial Infarction

Date of onset

Other contributory causes of importance:

10 Lo 93 C

Name of operation: Autopsy Date of .....

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

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) [signature], M. D.

(Address) Cely

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.

JUL 17 1934