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.

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

Do not use this space.

FEB 25 1935

File No. 1774

1. PLACE OF DEATH
County Jasper
Registration District No. 417
Township
Primary Registration District No. 3021
Registered No. 6
City Webb City (No. .... St. .... Ward)

2. FULL NAME Mary Elizabeth Maloney
(a) Residence, No. 123 N. Wilson 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 10 1859
7. AGE: YEARS 75, MONTHS 3, DAYS 2. 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): Oklahoma

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

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

17. INFORMANT: Ruthy Maloney
(ADDRESS) Webb City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mount Hope Cem. DATE Jan 15 1935

19. UNDERTAKER: Webb City Wood Co.
(ADDRESS) Webb City, Mo.

20. FILED 1-14 1935 J. R. Craig, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 12 1935

22. I HEREBY CERTIFY, That I attended deceased from 11/28 1934, to 1/12 1935
I last saw her alive on 1/8 1935. Death is said to have occurred on the date stated above, at 5 a.m.
The principal cause of death and related causes of importance were as follows: Cerebral Hemorrhage | Date of onset

Other contributory causes of importance: Hypertension & Arteriosclerosis

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 ....
(Signed) B. A. Dimmitt [illegible], M. D.
(Address) Webb City, Mo.