APR 15 1937

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

Do not use this space.

File No. 11045

Registered No.

1. PLACE OF DEATH

County: Barry

Township: Roaring River

City: (No. , St. Ward)

Registration District No. 3655

Primary Registration District No. 34

2. FULL NAME: David Albert Maloney

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

Length of residence in city or town where death occurred 14 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*): Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lona Shum

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 22 1888

7. AGE: Years 48 Months 9 Days 16 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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): Barry County Missouri

FATHER

13. NAME: Samuel H. Maloney

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dallas Texas

MOTHER

15. MAIDEN NAME: Jane Tate

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Verona Missouri

17. INFORMANT (ADDRESS): A. H. Maloney Eagle Rock, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Muncy DATE: 3-13 1937

19. UNDERTAKER (ADDRESS): Kohn Funeral Home Cassville, Mo.

20. FILED: 3/14 1937 Emmie Weddington Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3-10 1937

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1936 and Dec. 15 1936

I last saw him alive on Dec. 15 1936 Death is said to have occurred on the date stated above, at 12:50 P.M.

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

	Date of onset
Pulmonary Tuberculosis	?

Other contributory causes of importance:

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? No

If so, specify:

(Signed) E. E. McLaurin, M.D.

(Address) Cassville, Mo.

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.