

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.

AUG 11 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. 2600 Smart)

Registration District No. 399
Primary Registration District No. 1002

File No. 26417
Registered No. 2100
St. _____ Ward _____

2. FULL NAME Timothy Patrick Maloney

(a) Residence, No. 2600 Smart St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Mary Maloney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 6, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
77 8 19

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

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) Washington D. C.

13. NAME Patrick Maloney

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Mary Allen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Mrs. F. W. McGowan 4341 Benton Blvd.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's DATE July 27, 1937

19. UNDERTAKER (ADDRESS) D. W. Newcomer's Sons

20. FILED July 26, 1937 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-21, 1937, to 7-24, 1937

I last saw him alive on July 24, 1937. Death is said to have occurred on the date stated above, at 1:55 A. M.

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

Cerebral apoplexy Date of onset 7-21-37

Arterio-pneumonia 7-23-37

Other contributory causes of importance: above

Name of operation none Date of _____
What test confirmed diagnosis? paralysis Was there an autopsy? no

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) Allen S. Hensch, M. D.
(Address) 1100 Prof Bldg

Prof. Bldg.