NOV 15 1937

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

Do not use this space.

File No. 37175
Registered No. 1151

1. PLACE OF DEATH
County: Buchanan — Registration District No. 85
Township: — Primary Registration District No. 1001
City: St. Joseph — (No. St. Josephs Hospital St. Ward)

2. FULL NAME Matilda Jane Molloy
(a) Residence, No. 3234 Seneca Street St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Robert A Molloy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 9. 1872.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	64	II	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
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): Oskaloosa, Kansas.

FATHER
13. NAME: Robert Foster
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Eddinsville, Iowa

MOTHER
15. MAIDEN NAME: Isabelle Laster
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Oskaloosa, Kansas.

17. INFORMANT: Robert Molloy
(ADDRESS) 3234 Seneca Str St. Joseph,

18. BURIAL, CREMATION, OR REMOVAL: Mt. Auburn Cemt
PLACE St. Joseph, Mo. DATE Oct. 20. 1937

19. UNDERTAKER: H. O. Sidenfaden & Son
(ADDRESS) 1802 Union Str St. Joseph, Mo.

20. FILED 10/19 1937 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): October. 18. 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 14, 1937, to Oct. 18, 1937. I last saw her alive on Oct. 18, 1937. Death is said to have occurred on the date stated above, at 5/45 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar adenomatous goitre —	1930
Goitre adenomatous	

Other contributory causes of importance:

Senility — Arteri Sclerosis	1934
Hyper tension	
Broncho Pneumonia	

Name of operation: Thyroidectomy Date of: 10/16/37
What test confirmed diagnosis? Path. Exam Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury ..., 19...
Where did injury occur? no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury: no
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify: no
(Signed) F. G. Thompson, M. D.
(Address) 825 Charles St. Jos. Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.