DEC 21 1937

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

Do not use this space.

File No. 41886

Registered No. 71

1. PLACE OF DEATH
County Mercer — Registration District No. 558
Township Lindley — Primary Registration District No. 5759
City ..... (No. 1 Ft. Princeville St., ... Ward)

2. FULL NAME George C. Maroney
(a) Residence, No. 1 Ft. Princeville St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 60 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): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Laura Emma Maroney
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 24, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	80	9	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
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) Mercer Co., Missouri

FATHER
13. NAME John Maroney
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER
15. MAIDEN NAME Martha Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT Mrs. Bertha Booth
(ADDRESS) Princeville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Freedom Cemetery November 1937

19. UNDERTAKER C. J. Stokley
(ADDRESS) Princeville Mo

20. FILED 11/17 1937 J M Perry
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 25 1937, to Nov. 16 1937. I last saw him alive on Nov. 12 1937. Death is said to have occurred on the date stated above, at 6:00 P.M. The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer and Hypertrophy of the Prostate Gland	10/30/30

Other contributory causes of importance: Complicated w prostate gland - with metastasis growth to accelerating

Name of operation no Date of
What test confirmed diagnosis? Phys Sig 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) H Daley, M. D.
11/17/37 (Address) Princeville 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.