

REC'D FEB 20 1939

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

1343

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 1
 (b) Township Kaw Primary Registration District No. 356 Registered No. 356
 (c) City K. C. Mo. (d) Street No. 2505 Peery St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Mary A. Mahoney

(a) Residence, No. 2505 Peery St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Simon Mahoney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 2, 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 9 23

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as 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) Poughkeepsie, N. Y. (STATE OR COUNTRY)

13. NAME William Fitzpatrick

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

15. MAIDEN NAME Annie Fitzpatrick

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

17. INFORMANT Miss Elizabeth Mahoney (ADDRESS) 2505 Peery

18. BURIAL, CREMATION, OR REMOVAL PLACE Piquette, Ks. DATE Jan. 28, 1939

19. FUNERAL DIRECTOR (NAME) John W. Wagner (ADDRESS) Kansas City, Mo.

20. FILED Jan 27, 1939 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 25, 1939

22. I HEREBY CERTIFY That I attended deceased from July 10, 1936 to Jan. 25, 1939

I last saw him alive on Jan. 25, 1939 Death is said to have occurred on the date stated above, at 10:00 m. am

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

2nd Stroke, cerebral thrombosis
Complete Paralysis of right side
Improvement

Other contributory causes of importance:
fracture of tibia a year ago
leg. Laceration above July 22, 09

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? Acc Date of injury Nov 17, 1930

Where did injury occur? at home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Caught foot in chair

Nature of injury fracture of tibia

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify See F. Wagner

(Signed) 90° Health Reg., M. D.

(Address) _____

APR 6 1954

APR 6 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.