

MAR 19 1941

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

Do not use this space.

7795

1. PLACE OF DEATH

County Pettis
Township
City Sedalia

Registration District No. 668
Primary Registration District No. 3032
(No. 643 E 10th St)

File No.
Registered No. 58
St. Ward)

2. FULL NAME

Margaret G. Maroney

(a) Residence, No. 643 E 10th Ward. 0

(Usual place of abode) Length of residence in city or town where death occurred 62 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF M. A. Maroney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 19-1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 8 16

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

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) Morgan Co. Missouri

13. NAME Godfrey Frank

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

15. MAIDEN NAME Alice Louise Holger

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

17. INFORMANT J. P. Maroney
(ADDRESS) Sedalia Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Galvany DATE 2-7- 1941

19. UNDERTAKER McLaughlin Bros.
(ADDRESS) Sedalia

20. FILED 2-7- 1941 Mrs. Harry Sneed
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 5 1941

22. I HEREBY CERTIFY, That I attended deceased from Feb 5 1941, to Feb 5 1941

I last saw her alive on Feb 5 1941. Death is said

to have occurred on the date stated above, at 4:30 a.m.

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

Chronic myocarditis

Chronic arteriosclerosis

Chronic nephritis

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) Gerlan Gault M. D.

(Address) Sedalia 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.

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RECEIVED
District Health Officer No. 8
District File Number
Date Filed
3-13-41