

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5802

State File No. _____

FILED MAR 11 1943

Registration District No. 308 Primary Registration District No. 3006-5120 Registrar's No. 76

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbia
(c) Name of hospital or institution:
304 Monroe St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 15 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 16
(a) State Missouri (b) County Boone
(c) City or town Columbia
(If outside city or town limits, write "RURAL")
(d) Street No. 304 Monroe St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JENNIE MAHONEY
(b) If veteran, name war None (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 27 year 1943 hour 8:20 minute P. M.
21. I hereby certify that I attended the deceased from Feb 14th to Feb 28th, 1943; that I last saw her alive on Feb 28th, 1943; and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife J.R. Mahoney 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 2 - 23 - 1861
(Month) (Day) (Year)

Immediate cause of death Pneumonia, (P.O.K)
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

8. AGE: Years 82 Months 0 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace Unknown (City, town, or county) (State or foreign country) 9

10. Usual occupation At Home

11. Industry or business _____

12. Name Tom Bush

13. Birthplace Unknown (City, town, or county) (State or foreign country) 9

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Mrs. Leslie M. Paris

(b) Address Columbia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-1-43 (Month) (Day) (Year)

(c) Place: burial or cremation Columbia Cemetery

18. (a) Signature of funeral director Carver Funeral Service (b) Address Columbia, Mo.

19. (a) 3-1-43 (Date received local registrar) (b) Edna H. Barber (Registrar's signature)

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(a) Means of injury _____
23. Signature Edna H. Barber (M. D. or other) _____
Address Columbia, Mo. Date signed 3/1/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1230

