

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

Do not use this space.

10031

**1. PLACE OF DEATH**

County Bole  
Township Jefferson  
City Jefferson (No. ....)

Registration District No. 213  
Primary Registration District No. 3014

File No. ....  
Registered No. 844  
St. .... Ward)

**2. FULL NAME**

(a) Residence No. 504 Lafayette St. Ward. ....  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

Female

**4. COLOR OR RACE**

White

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

Widowed

**5A. MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**

Patrick Mahoney

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

Apr 9 1837

**7. AGE**

YEARS	MONTHS	DAYS	If LESS than 1 day, .....hrs. or .....min.
91	?	?	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. At Home  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**

Ireland.

**10. NAME OF FATHER**

Pow Evans

**11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)**

Ireland

**12. MAIDEN NAME OF MOTHER**

Unknown

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)**

Unknown

**14. INFORMANT (Address)**

Mrs. J. Coote  
J. B. Mo.

**15. FILED**

4-1-1929 S. W. Sedgwick REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** 3-21-1929

**17. I HEREBY CERTIFY, That I attended deceased from** Mar 21 1929 **to** Mar 21 1929 **that I last saw** her **alive on** Mar 21 1929 **and that death occurred, on the date stated above, at** 3:21 p.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Cerebral Hemorrhage  
82 A  
97

(duration) yrs. mos. 1 ds.

**CONTRIBUTORY (SECONDARY)** Arteriosclerosis  
embolism ds.

**18. WHERE WAS DISEASE CONTRACTED?**

**IF NOT AT PLACE OF DEATH**

**DID AN OPERATION PRECEDE DEATH?** No. **DATE OF** .....

**WAS THERE AN AUTOPSY?** No.

**WHAT TEST CONFIRMED DIAGNOSIS?** Rhymour

(Signed) J. J. Taylor M. D.

351 1929 (Address) Jefferson City Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL** **DATE OF BURIAL**

California, Mo. 3-23-1929

**20. UNDERTAKER** **ADDRESS**

C. P. Hennrich J. B. 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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Rayson.