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.

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

Do not use this space.

5576

1. PLACE OF DEATH
County Jackson — Registration District No. 389 — File No. 686
Township Kaw — Primary Registration District No. 1 — Registered No. 686
City Kansas City (No. WESLEY HOSPITAL St. Ward)

2. FULL NAME Kathleen Mooney
(a) Residence. No. 316 Dartmouth Road St., 8 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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 16, 1903

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
27	10	24	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Nurse in Training
(b) General nature of industry, business, or establishment in which employed (or employer): General Hosp 217
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Waco Texas

PARENTS

10. NAME OF FATHER: James B Mooney
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Indiana
12. MAIDEN NAME OF MOTHER: Annie Kinnehan
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): San Antonia Texas

14. INFORMANT: Mrs. Louis Charninsky
(Address) (Sister) 316 Dartmouth Road

15. FILED 2/11, 1931 M. M. Crowe REGISTRAR
Assy

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 10th 1931

17. I HEREBY CERTIFY, That I attended deceased from 1st Febry, 1931, to Febry 10, 1931 that I last saw her alive on Febry 10, 1931, and that death occurred, on the date stated above, at 8:28 p.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Parylitic Ileus
Peritonitis
129
129 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Cardiac Failure
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH KCMo
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Febry 2-31
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical (1)
(Signed) Edw M Miers, M. D.
2/11 1931 (Address) 901 Chambers Bldg

*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: TEAGUE, TEXAS — DATE OF BURIAL: 2/13/ 1931

20. UNDERTAKER: Mellody McGilley Fu. Home — ADDRESS: K.C.Mo.

Dr. Thiers
Logan 5[illegible]
of [illegible]
Chambers
Bldg