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.

REC'D JUN 10 1938

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

Do not use this space.

18374

1. PLACE OF DEATH
County Holt
Township Union
City Craig
Registration District No. 369
Primary Registration District No. 4215
File No.
Registered No. 6
(No. , St. Ward)

2. FULL NAME Mrs. Roselean Mae Moroney 650
(a) Residence, No. 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. 6 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. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mr. D. P. Moroney
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): August 19, 1878
7. AGE: YEARS 59 MONTHS 8 DAYS 20 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: In Home
10. Date deceased last worked at this occupation (month and year): about a week ago
11. Total time (years) spent in this occupation: 42 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Morning Sun. Ia

FATHER
13. NAME: Mr. W. S. Cline
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

MOTHER
15. MAIDEN NAME: Margaret Bevans
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Mr. B. A. Terhune, Craig Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Lincoln Nebr. DATE 5/11 1938
19. UNDERTAKER (ADDRESS): Schooler Bros. Craig Mo.
20. FILED May 9 1938 Vents Andrews Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 5/9, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1938, to May 9th, 1938
I last saw her alive on May 9, 1938. Death is said to have occurred on the date stated above, at 12 pm.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	5/4/38
59	
Other contributory causes of importance: Diabetes Mellitus	1936

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

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 No

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) R. Atherton, M. D.
(Address) Craig, Mo