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

Do not use this space.

27106

1. PLACE OF DEATH
County Jackson
Township ~~Blue~~
City Independence (No. ..... St. ..... Ward)
Registration District No. 398
Primary Registration District No. 3019
File No. .....
Registered No. 237

2. FULL NAME Thomas Mahan
(a) Residence. No. 306 W. White Oak 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. 70 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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 18 1851

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
76	5	20	

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

9. BIRTHPLACE (CITY OR TOWN) Cincinnati.
(STATE OR COUNTRY) Ohio.

PARENTS
10. NAME OF FATHER Lawrence Mahan.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ireland.
12. MAIDEN NAME OF MOTHER Bridget Ames.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Manotrole
(STATE OR COUNTRY) Hamilton Ireland.

14. INFORMANT Miss Susie Mahan
(Address) 306 W. White Oak St. Independence, Mo.

15. FILED Sep 10 1927 F. L. Cook REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 8 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug 31, 1927, to Sept 8, 1927, that I last saw him alive on Sept 8, 1927, and that death occurred, on the date stated above, at 6:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Jaw with cervical glands
45D
52E
43
(duration) 2 yrs. ..... mos. ..... ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? Yes. DATE OF 8/31/27
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clin & Lab
(Signed) George Twyman, M. D
9/9, 1927 (Address) Independence 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: St. Marys - Cemetery.
DATE OF BURIAL: Sep 9 1927

20. UNDERTAKER: Ott - Mitchell
ADDRESS: Independence 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.

PERMANENT RECORD