

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

Do not use this space.

34761

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. **791**
Primary Registration District No. **1003**

File No.....
Registered No. **9888**
St. Ward)

2. FULL NAME

(a) Residence. No. **3011 Mimms at St.**, **16** 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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Married**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Jan 31 1885**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42 9 4

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Driver 710**
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer **Woods Lumber**

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

10. NAME OF FATHER **John C. Mahley**

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

12. MAIDEN NAME OF MOTHER **Mary Dennis**

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

14. INFORMANT **May Huff**
(Address) **3812 Olive**

15. NOV - 5 1927 **Mable Starckoff**
FILED REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **11-4 1927**

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., and that I last saw him alive on 19....., and that death occurred, on the date stated above, at **3:15 a** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Stroke & Injuries
Fracture skull
(duration) yrs. mos. ds.
Struck by auto in City

CONTRIBUTORY (SECONDARY) **St. Louis Mo**
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED **Accident**
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? **Yes** DATE OF.....

WAS THERE AN AUTOPSY? **Yes**

WHAT TEST CONFIRMED DIAGNOSIS?

11/5 1927 (Signed) **John H. Dyer M.D.**
(Address) **Dep Coroner**

*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 **Cobden** DATE OF BURIAL **11/7 1927**

20. UNDERTAKER **Cuthbert Kelly** ADDRESS **4527**
Sarkon

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

