

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.

22278

1. PLACE OF DEATH

County.....

Registration District No.....

791

1008

Township.....

Primary Registration District No.....

City SAINT LOUIS

(No.)

6085 CABANNE PLACE

File No.....

Registered No.....

6461

St.....

Ward.....

2. FULL NAME ISAC L. MAHAN(a) Residence. No. 6085 CABANNE PLACE. St. 5 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.

da.

How long in U.S., if of foreign birth?

yrs.

mos.

da.

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 OFSARAH R. MAHAN,**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**MAY 31st 1841**7. AGE**

YEARS

MONTHS

DAYS

IF LESS than 1
day, _____ hrs.
or _____ min.87.#.17.**8. OCCUPATION OF DECEASED**(a) Trade, profession, or
particular kind of workLIBRARIAN(b) General nature of industry,
business, or establishment in
which employed (or employer)U. S. CIRCUIT COURT
OF APPEALS.

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)INDIANA.

(STATE OR COUNTRY)

10. NAME OF FATHERWILLIAM LYLE MAHAN,**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

INDIANA.**12. MAIDEN NAME OF MOTHER** Unknown.**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Unknown.**14.**

INFORMANT

(Address)

Mrs. Marie M. Dougherty
6085 Cabanne Pl.**15.**

FILED

19

JUN 19 1928
May C. Standiford

REGISTRAR

MEDICAL CERTIFICATE OF DEATH**16. DATE OF DEATH (MONTH, DAY AND YEAR)**June 17th 1928**17.**I HEREBY CERTIFY That I attended deceased from April 1st1928 to June 17th 1928that I last saw him alive on June 17th 1928, and that

death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

arteriosclerosis general**CONTRIBUTORY**

(SECONDARY)

Cerebral Hemorrhage(duration) 2 yrs. 17 da.**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?

(Signed)

Wm. H. Redman, M. D.

, 19 (Address)

678 Metropolitan 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

DATE OF BURIAL

Lake Charles Cem.6-19-1928**20. UNDERTAKER**

ADDRESS

Ch. Lupton4149 Blair

W. Heideman
