OCT 24 1928 Dr. Clark

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

Do not use this space.

30038

1. PLACE OF DEATH

County: Cole — Registration District No.: 213 — File No.:

Township: — Primary Registration District No.: 3014 — Registered No.: 217

City: Jefferson (No. ..., ..., St. ..., Ward)

2. FULL NAME Aurelius M. Mahan

(a) Residence. No. ..., St., ..., Ward. (If nonresident give city or town and State)
(Usual place of abode)

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: Anna Mahan

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb-4-1842

7. AGE: Years 86, Months 5, Days 29 — If LESS than 1 day, ... hrs. or ... min.

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

9. BIRTHPLACE (CITY OR TOWN): Va
(STATE OR COUNTRY): Cole

PARENTS
10. NAME OF FATHER: Sam Mahan
11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): Not Known
12. MAIDEN NAME OF MOTHER: " "
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): " "

14. INFORMANT: Mrs. Anna Mahan
(Address): Jefferson City, Missouri

15. FILED 9-11 1928 S. V. Bedford M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 2nd 1928

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1927, to Sept 5, 1928, that I last saw him alive on Sept 4, 1928, and that death occurred, on the date stated above, at 4:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral hemorrhage
14 Dec
(duration) ... yrs. ... mos. 2 ds.

CONTRIBUTORY (SECONDARY): Senility, Gen. Debility
(duration) 4 yrs. ... mos. ... ds.

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? Clinical

(Signed) W. A. Clark, M.D.
9/5, 1928 (Address) Jefferson City, 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: River View Cemetery — DATE OF BURIAL: 9/6/ 1928

20. UNDERTAKER: Wymore-Gordon — ADDRESS: J.C.Mo.

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.