C 31 1928

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

Do not use this space.
37701

1. PLACE OF DEATH

County Newton — Registration District No. 609 — File No. 111

Township Neosho — Primary Registration District No. 5808 — Registered No.

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Milton Fletcher Mahin, Jr.

(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 15 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~~ Lura Mahin

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 24 1886

7. AGE: Years ~~46~~ 42; Months 3; Days ~~16~~ 15; If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Civil Engineering 92
(b) General nature of industry, business, or establishment in which employed (or employer): 118C
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Stella
(STATE OR COUNTRY) Nebraska

PARENTS
10. NAME OF FATHER N.F. MAHIN, Sr
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Cranfordsville
(STATE OR COUNTRY) Indiana
12. MAIDEN NAME OF MOTHER Harriett Lamaster
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Illinois

14. INFORMANT M.F. MAHIN, Sr.
(Address) Neosho Mo

15. FILED 11-16, 1928 C. E. Maness
REGISTRAR

MEDICAL CERTIFICATE OF DEATH 3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 9 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 9, 1928, to Nov 9, 1928, that I last saw him alive on Nov 9, 1928, and that death occurred, on the date stated above, at 5 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute indigestion with Acute Angina Pectoris
(duration) ..... yrs. ..... mos. 10 hrs

CONTRIBUTORY (SECONDARY) Rheumatic endocarditis (duration) 1 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? 8
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) E. M. Roseberry, M. D
Nov 9, 1928 (Address) Neosho 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~~ I.O.O.F. Cemetery — DATE OF BURIAL 11/12 1928

20. UNDERTAKER Bigham's — ADDRESS Neosho

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.