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

Do not use this space.

39871

JAN 22 1929

1. PLACE OF DEATH
County: Chariton
Township: Triplett
City: Triplett (No. ..... St. ..... Ward)

Registration District No. 177
Primary Registration District No. 5245

File No. 12
Registered No. 12

2. FULL NAME: Alvin N B Mahaney

(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 50 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 24 - 1844

7. AGE: Years 84 | Months 7 | Days 23 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY): Carroll Co Mo

PARENTS

10. NAME OF FATHER:

11. BIRTHPLACE OF FATHER (CITY OR TOWN): unknown
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER: unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): unknown
(STATE OR COUNTRY)

14. INFORMANT: Ed Mahaney
(Address): Triplett Mo

15. FILED: 1/24, 19 29 R. P. Price
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 14 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1928, to Dec 14, 1928, that I last saw him alive on Dec 13, 1928, and that death occurred, on the date stated above, at 3:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenza
IIA
IIIB
IIB
(duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY): Pneumonia hypostatic
(duration) yrs. mos. 9 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) R. P. Price, M. D
, 19 (Address) Triplett 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: McCullough

DATE OF BURIAL: Dec 16 1928

20. UNDERTAKER: W O Crotts

ADDRESS: Triplett 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.