

JAN 23 1929

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

Do not use this space.

41403

1. PLACE OF DEATH

County Jefferson
Township Wesgate
City Wesgate (No.)

Registration District No. 420
Primary Registration District No. 3000

File No.
Registered No. 117
St. Ward)

2. FULL NAME

Thomas Mahan

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND (OR) WIFE Catherine Mahan

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 10 1839

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 88 9 12

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Plumbing
(b) General nature of industry, business, or establishment in which employed (or employer) Senior
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

10. NAME OF FATHER Not known

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

12. MAIDEN NAME OF MOTHER Butler

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

14. INFORMANT (Address) Lena Wilson
Wesgate Mo

15. FILED 1/27/28 19 D. Raugley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 21 1928

17. I HEREBY CERTIFY That I attended deceased from Dec 21, 1928, to Dec 21, 1928 that I last saw him alive on Dec 21, 1928, and that death occurred, on the date stated above, at 1:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute dilatation of the heart
95 lb
16 yr (duration) 0 yrs. 0 mos. 1 ds.
CONTRIBUTORY (SECONDARY) Senility
90 lb (duration) 1 yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED Not at place of death

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Walter Gibson, M. D.
, 19 (Address) Cornwall, Kansas

*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 Bedford Ind. DATE OF BURIAL Dec 27 1928

20. UNDERTAKER E. Bamhart ADDRESS Wesgate 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.

