MAR 28 1930

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

Do not use this space.
5859

1. PLACE OF DEATH
County Nodaway — Registration District No. 629 — File No. 293
Township Jackson — Primary Registration District No. 5831 — Registered No. 19
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Ellen McMahon
(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. ds. How long in U. S., if of foreign birth? yrs. mos. ds. 7-17-2011

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR) ~~Oct 14 1854~~ Oct ~~14th~~ 10th 1862

7. AGE: YEARS ~~70~~ 67 — MONTHS ~~4~~ 10 4 — DAYS ~~8~~ 14 7 — If LESS than 1 day, ... hrs. or ..... min.

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

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

PARENTS
10. NAME OF FATHER: John McMahon
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Ireland
12. MAIDEN NAME OF MOTHER: Marie Gannon
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Ireland

14. INFORMANT: Mrs John Schenkel
(Address) Maryville Mo

15. FILED 3/10, 1930 — S P Ross — REGISTRAR
Mar 12-30. C. P. Fryer
M.E.C.

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/21 1930

17. I HEREBY CERTIFY, That I attended deceased from on our occasion, 19..., to Feb 21. 1930, that I last saw her alive on Feb 21. 1930, 19..., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral hemorrhage
82 A
97
103
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY)
arteriosclerosis and hypertension (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? No. DATE OF 0
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Neurological findings
(Signed) J. H. Ryan, M. D.
, 19 (Address)

*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: St Patricks (Maryville) — DATE OF BURIAL: 2-24 1930

20. UNDERTAKER: Cummins Furn Co — ADDRESS: Maryville

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

May we have this age Corrected please?

1930	2	21
1862	10	14
67	4	7

We believe the above is Correct, Dr. C. P. Fuyer
Marysville Mo.

S-5859 (1930)

TREASURY DEPARTMENT

UNITED STATES PUBLIC HEALTH SERVICE

CO-OPERATING WITH

NODAWAY COUNTY HEALTH DEPARTMENT

MARYVILLE, MISSOURI

OFFICE OF
MEDICAL OFFICER IN CHARGE

July 12, 1930.

RECEIVED
JUL 14 1930
STATE BOARD OF HEALTH
OF MISSOURI

State Board of Health

Jefferson City, Missouri.

Gentlemen:

I find that there was an error in the date on the Death Certificate of Miss Ella McMahon. The correct date of birth is October 14, 1862, instead of October 14, 1859. The Death Certificate was filed March 12, 1930. Cause of death, cerebral hemorrhage. Dr. J. H. Ryan, M.D. attending. S. P. Ross. Registrar No. 629/5831.

Enclosed you will find .50 for which please send me a Certified copy of Death Certificate after the correction has been made.

Very truly yours,

C. P. Fryer - M.D.

U.S.P.H.S.Field Agent
County Health Officer

CPF:LEC

1930 2-21
1862 10-14

5-5859 (1930)