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

Do not use this space.

8671

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 4002 — Registered No. 1038
City Kansas Mo (No. Gen. Hosp #2 St. Ward)

2. FULL NAME McMahan Jess
(a) Residence. No. 1305 Euclid St., 2 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	Col.	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unk 1863

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
about	67	—	—	

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

9. BIRTHPLACE (CITY OR TOWN) Nashville Tenn.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Jess McMahan.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Tenn.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Dont Know.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Tenn.
(STATE OR COUNTRY)

14. INFORMANT Record Clerk
(Address) Gen. Hosp #2

15. FILED 3-8, 1930 M. M. Crowe asst REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 5 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1930, to Mar 5, 1930 that I last saw him alive on Mar 5, 1930 and that death occurred, on the date stated above, at 10:20 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Autointoxication
69B
123B
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Intestinal Stoses
(duration) 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) [signature], M. D.
3/5, 1930 (Address) Gen Hosp #2

*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 West Lawn Cemetery — DATE OF BURIAL Mar 8. 1930

20. UNDERTAKER Nathan W. Thatcher — ADDRESS 1520 N 5th St KCK

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.