WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

16178

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1002
City Kansas City (No. General Hospt St. Ward)
File No. [illegible]
Registered No. 2056

2. FULL NAME Frank McMahon
(a) Residence. No. 3407 East 7th St., 9 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred Lifetime 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 wh
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 2, 1912

7. AGE — YEARS 17 — MONTHS 7 — DAYS 12 — If LESS than 1 day, ...hrs. or ....min.

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

9. BIRTHPLACE (CITY OR TOWN) Kansas City
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Jos. H. McMahon
11. BIRTHPLACE OF FATHER (CITY OR TOWN) North English
(STATE OR COUNTRY) Iowa
12. MAIDEN NAME OF MOTHER Elizabeth Brodie
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Franklin Co
(STATE OR COUNTRY) Ind.

14. INFORMANT Joseph H McMahon
(Address) 3407 E. 7th

15. FILED 5/15, 1930 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-14 1930

17. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner 19..., to ..., 19..., that I last saw h..... alive on ..... 19..., and that death occurred, on the date stated above, at 11:15 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Accidental Street Car Traumatism - 1 Ct Mo Automobile Involved
208 M (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 188 C (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF 20
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? History & Inspection
(Signed) Stanley M. Hall, M. D.
5/14, 1930 (Address) Deputy Coroner

*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 Elmwood — DATE OF BURIAL May 16 1930

20. UNDERTAKER D. H. Newcomer's Sons — ADDRESS K C Mo

519.