

SEP 25 1930

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

Do not use this space.

27233

1. PLACE OF DEATH

County Linn
Township Jasper
City Laclede

Registration District No. 500
Primary Registration District No. 4302

File No. _____
Registered No. 6 St. _____ Ward _____

2. FULL NAME

Mary A. Mahurin

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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) June 10 1844

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
86 7 18

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Louisville
(STATE OR COUNTRY) Kentucky

10. NAME OF FATHER Geo. W. Hogan

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

12. MAIDEN NAME OF MOTHER Queen

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

14. INFORMANT J. M. Hogan
(Address) _____

15. FILED 8/24 1930 J. M. Bush REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 28 1930

17. I HEREBY CERTIFY, That I attended deceased from June 30, 1930 to Aug 28, 1930 that I last saw h. in, alive on Aug 28, 1930 and that death occurred, on the date stated above, at 10:25 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Paralysis Agitans
87B
Several years

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ da.

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? Symptoms
(Signed) J. M. Bush, M. D.
8/29 1930 (Address) Laclede 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 Laclede, Mo DATE OF BURIAL Aug 29 1930

20. UNDERTAKER W. J. Horne ADDRESS Laclede

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

