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

Do not use this space.

36406

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399 — File No.: 4816

Township: — Primary Registration District No.: 0002 — Registered No.:

City: Kansas City (No. St. Lukes Hospital St. Ward)

2. FULL NAME: Effie Myrtle McMahan

(a) Residence. No. Los Angeles Cal. 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: Fe.
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): Nov. 23 1887

7. AGE: Years 43 — Months 0 — Days 5 — If LESS than 1 day, ... hrs. or ... min.

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) (STATE OR COUNTRY): Mo.

PARENTS

10. NAME OF FATHER: Robert McMahan
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Ann Foster
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mo.

14. INFORMANT: Mrs. John Suter
(Address): 4174 Cambridge

15. FILED 11-29 1930 M M Crowe ant REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1930, to Nov 28, 1930 that I last saw her alive on Nov 28, 1930, and that death occurred, on the date stated above, at 7.15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute obstruction of intestine and infection incident to medium in carcinoma of broad ligament (duration) yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY): Carcinoma of uterus (duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Long Beach Cal.
DID AN OPERATION PRECEDE DEATH? DATE OF Aug 1929
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) E. L. Miller, M.D.
Nov 29, 1930 (Address) 1032 Professional Bldg

*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: McCune Kans. — DATE OF BURIAL: 11/30/1930

20. UNDERTAKER: Gates Funeral Home — ADDRESS: K.C.K.

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.