

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

Do not use this space.

37312

1. PLACE OF DEATH
 County St. Louis Registration District No. 1123
 Township Carondelet Primary Registration District No. 6248 B
 City Jefferson Barracks, Mo. U.S. Veterans Hospital, Jefferson Brks, Mo. File No. _____
 Registered No. 384 (Ward)

2. FULL NAME Charles McMahan
 (a) Residence No. 4349 West Belle St. _____ Ward _____
 (Usual place of abode) St. Louis, Mo. (If nonresident give city or town and State)
 Length of residence in city or town where death occurred un yrs. kn mos. OWY4 How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE COLORED 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) Feb. 6, 1889

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
41 9 18

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

9. BIRTHPLACE (CITY OR TOWN) Lockhart
 (STATE OR COUNTRY) Texas.

10. NAME OF FATHER Alex McMahan

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Lockhart
 (STATE OR COUNTRY) Texas.

12. MAIDEN NAME OF MOTHER Lucy Callahan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Lockhart
 (STATE OR COUNTRY) Texas.

14. INFORMANT C.H. Smith, Clinical Director.
 (Address) U.S. Veterans Hospital, Jefferson Barracks, Mo.

15. Nov 14 1930 L. C. O'Brook
 REGISTER

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) November 24, 1930

17. I HEREBY CERTIFY, That I attended deceased from November 13, 1930 to November 24, 1930
 that I last saw him alive on November 24, 1930, and that death occurred, on the date stated above, at 12:05 AM.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mycocarditis, chronic with hypertrophy and dilatation.

CONTRIBUTORY (SECONDARY) 930
737 (duration) _____ yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED? Unknown
 IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

19. WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS? Physical X-Ray & Laboratory findings.

(Signed) W. C. Gibson, Medical Officer in Charge
 , 19 Nov 24 (Address) U.S. Veterans Hospital, Jefferson Barracks, Mo.

*State the DISEASE CAUSING DEATH, or if death from VIOLENCE, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL San Antonio Texas DATE OF BURIAL 11/25 1930

20. UNDERTAKER E. Hoffmeister ADDRESS 7714
Jefferson Barracks, Mo. Jefferson Barracks, Mo.

K. 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—THIS IS A PERMANENT RECORD

