

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.

33281

1. PLACE OF DEATH

County Saline
 Township Marshall
 City Marshall

Registration District No. 796
 Primary Registration District No. 3038
 (No. 543 E. Arrow St.

File No. _____
 Registered No. 147
 St. _____ Ward) _____

2. FULL NAME

Anna Margaret McMahan.

(a) Residence, No. 543 E. Arrow
 (Usual place of abode)

St. _____ Ward.

(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) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 3, 1840

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
90 11 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret. School teacher
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME Jesse Reid

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Margaret Kincheloe

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Miss Anne Tyler
 (ADDRESS) Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Arrow Rock, Mo. DATE Sept. 24, 1931

19. UNDERTAKER L. R. Vandiver
 (ADDRESS) Marshall, Mo.

20. FILED 9-24 19 31 Mrs. John H. McQuire
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 22, 1931

22. I HEREBY CERTIFY, that I attended deceased from July 23, 1929 to Sept 22, 1931.
 I last saw him alive on Sept 13, 1931. Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic Bronchitis
Gradual decline for past 5 years
 Other contributory causes of importance: None
1060

Date of onset 1920

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____

(Signed) Abraham, M. D.(Address) Marshall, Mo.

