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

Do not use this space.

34120

File No.
Registered No. 114

1. PLACE OF DEATH
County Franklin
Township ~~Washington~~ ton
City Washington (No. ..... St. ..... Ward)

Registration District No. 297
Primary Registration District No. 3016

2. FULL NAME Edwin Leonard McMahon

(a) Residence. No. Jefferson & Front St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 7 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

NOV 27 1931

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 16th 1929

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	2	7	13	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Child 7
(b) General nature of industry, business, or establishment in which employed (or employer) Child 10
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Washington
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Fred McMahon
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) North Carolina
12. MAIDEN NAME OF MOTHER Vienie Helm
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

14. INFORMANT Miss Edna McMahon
(Address) Front & Jefferson Str

15. FILED Oct 29, 1931 O. L. Munch REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 28 — 1931

17. I HEREBY CERTIFY, That I attended deceased from May 26 —, 1931, to Oct. 28 —, 1931 that I last saw h. alive on Sept. 14 —, 1931, and that death occurred, on the date stated above, at 9 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

measles

(duration) ..... yrs. ..... mos. 18 ds.

CONTRIBUTORY (SECONDARY) chronic bronchitis

(duration) ..... yrs. 3 mos. ✓ ds.

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? ✓

(Signed) H. A. May M. D.
Oct. 28, 1931 (Address) Washington, 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 Lutheran Cemetery Washington Mo — DATE OF BURIAL 10/30/31 19

20. UNDERTAKER Otto & Co — ADDRESS Washington Mo