

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

Do not use this space.

29125

**1. PLACE OF DEATH**

46 County Howard  
3 Township Howard  
4 City West Plains, Mo. (No. \_\_\_\_\_)

Registration District No. 384  
Primary Registration District No. 4227

File No. 80  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Clara Jane Mahoney  
(a) Residence, No. West Plains, Mo. (Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 15 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 Patrick Mahoney  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 23 1846  
7. AGE YEARS 90 MONTHS 1 DAYS 18 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home maker  
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) Johnson Co. Mo.

FATHER 13. NAME Jonathan Logston  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Hughes  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) J. H. Anderson

18. BURIAL, CREMATION, OR REMOVAL PLACE Cook house DATE Sept 14 1932

19. UNDERTAKER (ADDRESS) St. Charles's West Plains, Mo.

20. FILED 9-18 1932 Op. Heinrich Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 13 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 31 1932 to Sept 13 1932  
I last saw him alive on Aug 31 1932. Death is said to have occurred on the date stated above, at 7:45 p.m.  
The principal cause of death and related causes of importance were as follows:

1680  
General  
162W  
Date of onset 1931  
Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy?

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? Na  
If so, specify \_\_\_\_\_  
(Signed) P. L. Gunn, M. D.  
(Address) West Plains, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

NOV 23 1932

