

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.

JAN 27 1933

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

Do not use this space.

42989

1. PLACE OF DEATH

County Warren
Township Washington
City Madison (No. 4)

Registration District No. 875
Primary Registration District No. 6162

File No. _____
Registered No. 262
St. _____ Ward _____

2. FULL NAME

E. Keith McMahon

(a) Residence, No. State Hwy # 3 St. _____ Ward _____

Length of residence in city or town where death occurred 11 yrs. 6 mos. 3 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 1890

7. AGE YEARS 42 MONTHS — DAYS — IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Joiner
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) Dec. 11. Total time (years) spent in this occupation D.K.

12. BIRTHPLACE (CITY OR TOWN) Mo. (STATE OR COUNTRY) 1

MOTHER 13. NAME M. S. McMahon

14. BIRTHPLACE (CITY OR TOWN) Rocky Comfort Mo. (STATE OR COUNTRY)

15. MAIDEN NAME M. P. Roseberry

16. BIRTHPLACE (CITY OR TOWN) Rocky Comfort Mo. (STATE OR COUNTRY)

17. INFORMANT Miss McMahon (ADDRESS) Warren Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Warren, Mo. DATE 12-28-32

19. UNDERTAKER John Myers (ADDRESS) Warren Mo.

20. FILED 12-28 1932 E. B. King Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 27 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 4 1931 to Dec 27 1932
I last saw him alive on Dec 26 1932. Death is said to have occurred on the date stated above, at 12:15 Am.
The principal cause of death and related causes of importance were as follows:

Acute Aortic dilation
Lobar Pneumonia

12/27/32

Other contributory causes of importance: Lobar Pneumonia

Date of onset

Name of operation _____ Date of _____
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) Lawrence L. Cooper, M. D.
(Address) Warren Mo.

