

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.

OCT 20 1933

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

Do not use this space.

28858

1. PLACE OF DEATH

County Buchanan
Township _____
City St. Joseph

Registration District No. _____
Primary Registration District No. 1001
(No. State Hospital #2)

File No. _____
Registered No. 468
St. _____ Ward _____

2. FULL NAME Thomas Franklin McMahon

(a) Residence, No. 909 Grand Ave. St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Martha McMahon</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>February 17, 1865</u>		
7. AGE YEARS <u>68</u>	MONTHS <u>7</u>	DAYS <u>12</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Supervisor</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Quaker Oats Co. (Mill)</u>
	10. Date deceased last worked at this occupation (month and year) <u>September 5, 1933.</u>
	11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Huntington
(STATE OR COUNTRY) Indiana

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. R. M. Tiehegor
(ADDRESS) 909 Grand Ave. St. Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cemetery
PLACE St. Joseph Mo. DATE October 2, 1933

19. UNDERTAKER J. C. Siedenbader
(ADDRESS) 1802 Union St. St. Joseph Mo.

20. FILED 9-30-1933 John R. Bender
Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 29, 1933

22. I HEREBY CERTIFY, That I viewed remains
_____ , 1933, to _____ , 1933

I last saw h. _____ alive on Sept. 29, 1933. Death is said

to have occurred on the date stated above, at 7:15A m.

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

Cerebral Hemorrhage Date of onset _____

Other contributory causes of importance: Arterio Sclerosis

Name of operation none 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? no Date of injury _____, 1933

Where did injury occur? none
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) James Thomas Croner

(Address) 801 1/2 Felix

