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

Do not use this space.

34962

1. PLACE OF DEATH

County ..... Registration District No. 701 File No. .....

Township ..... Primary Registration District No. 1 Registered No. 9143

City ..... (No. Desloge Hosp St. ..... Ward)

2. FULL NAME Myles J. Mahon

(a) Residence, No. 3416 Abner Pl. St., 6 Ward. .....
(Usual place of abode) (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: 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: Dorothy Mahon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 18 - 1867

7. AGE: YEARS 65 MONTHS 10 DAYS 4 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Timekeeper 49A
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 107A
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation 105A

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo

FATHER

13. NAME: Edward Mahon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER

15. MAIDEN NAME: Sarah Powers
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): Dorothy Mahon 3416 Abner Pl.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE 10-25 1933

19. UNDERTAKER (ADDRESS): W. A. Stock Und. Co. 2117 E. Grand Blvd

20. FILED OCT 24 1933 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 5, 1933 to Oct 22, 19.....

I last saw him alive on Oct 22, 19..... Death is said to have occurred on the date stated above, at 12 m.

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

	Date of onset
Bilateral bronchopneumonia	
Laryngectomy for Carcinoma of Larynx	

Other contributory causes of importance:

Name of operation Laryngectomy Oct 3

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? .....

If so, specify .....

(Signed) W. Coughlin, M. D.

(Address) .....

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

MARGIN RESERVED FOR BINDING

V. S. NO. 2

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 10 1933

H. T. Coughlin
Univ. Club Bldg.
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