25 1934

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.

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

Do not use this space.

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1. PLACE OF DEATH
County Buchanan — Registration District No. 1001 — File No. 7945
Township — Primary Registration District No. — Registered No. 353
City St. Joseph (No. 220 E. Kansas Ave. St. Ward)

2. FULL NAME Alice Mahar
(a) Residence, No. 220 E. Kansas Ave. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 17 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): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: W. C. Mahar
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 7, 1871
7. AGE: YEARS 62 — MONTHS 9 — DAYS 16 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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): Clinton Missouri

FATHER
13. NAME: S. H. Hopper
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Tenn.

MOTHER
15. MAIDEN NAME: Elizebeth Woods
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Virginia

17. INFORMANT (ADDRESS): Fannie M. Bayless Sapulpa Okla.
18. BURIAL, CREMATION, OR REMOVAL PLACE: Sapulpa, Okla. DATE: March 26, 1934
19. UNDERTAKER (ADDRESS): Fred D. Clark 5025 King Hill Av.
20. FILED 3-24, 1934 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 23, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from Mch 17, 1934, to Mch 23, 1934
I last saw her alive on Mch 23, 1934. Death is said to have occurred on the date stated above, at 3 30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Bronchial Acute	3/15/34
11A	
1078 11a	
Other contributory causes of importance:	
Influenza	3/15/34

Name of operation: Clinical Date of
What test confirmed diagnosis? Was there an autopsy? No

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) A R Timmons, M. D.
(Address) St Joseph Mo