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.

SEP 13 1934

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

Do not use this space.

1. PLACE OF DEATH
County Holt — Registration District No. 2375 — File No. 29079
Township Nodaway — Primary Registration District No. 5523 — Registered No.
City (No. St. Ward)

2. FULL NAME Francis L. Mahon
(a) Residence, No. St., Ward. Kansas City Mo.
(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): single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): unknown
7. AGE: YEARS 21 — 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. salesman
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) Aug 31 1934
11. Total time (years) spent in this occupation 3 yr

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

FATHER
13. NAME C. M. Mahon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vale Iowa

MOTHER
15. MAIDEN NAME Margaret Lally
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vale Iowa

17. INFORMANT (ADDRESS) L. L. Lalley 327 - 34 No 36 Omaha Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Dennison Io DATE Sep 2 34
19. UNDERTAKER (ADDRESS) Lester Pittyjohn Oregon Mo
20. FILED Sept 1 1934 Edith Lent. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug-31, 1934
22. I HEREBY CERTIFY, That I attended deceased from —, 19..., to —, 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 10 45 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental	
Aeroplane burning	
2 14 B	
Other contributory causes of importance	216
214 B	

Name of operation ... 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? Accident Date of injury 8/31, 1934
Where did injury occur? Oregon Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Aeroplane burning
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. C. Ottman, M.D.
(Address) Oregon Holt Co. Mo