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 25 1934

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

Do not use this space.

31518

File No. 0

Registered No. 299

1. PLACE OF DEATH

96 County St. Louis Registration District No. 1133

Township Carondelet Primary Registration District No. 6245 03

City Jefferson Barracks, Mo. (No. Veterans' Administration Facility St. Ward)

2. FULL NAME Frank A. MAHON

(a) Residence, No. 7218 Nashville, Richmond Heights, Mo. 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: Mrs. Vera Mahon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): September 3, 1892

7. AGE: Years 41 | Months 11 | Days 6 | If LESS than 1 day, — hrs. or — min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Artist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Unavailable

10. Date deceased last worked at this occupation (month and year): Unavailable

11. Total time (years) spent in this occupation: Unavailable

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Chamois, Missouri

FATHER

13. NAME: William T. Mahon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unavailable, Missouri

MOTHER

15. MAIDEN NAME: Georgia Bryan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unavailable, Missouri

17. INFORMANT (ADDRESS): E. T. Gallagher, M.D., Act. Clin. Dir., Vets. Adm. Fac., Jeff. Bks., Mo.

18. BURIAL, CREMATION, OR REMOVAL — PLACE: National Cem. DATE: 8/13, 1934

19. UNDERTAKER (ADDRESS): Rothmeistrell & Lee, 7814 Delmar

20. FILED: Aug 12, 1934 — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): August 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 9, 1934, to August 9, 1934

I last saw him alive on August 9, 1934. Death is said to have occurred on the date stated above, at 10:50 P.M.

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

	Date of onset
Chronic Nephritis, complicated with Uremia 131 92A 93C	Unkn.
Other contributory causes of importance: Chronic Myocarditis, Bronchitis, Chronic, Asthamatic Type, V.H.D. Mitral Insufficiency	Unkn.

Name of operation: None — Date of:

What test confirmed diagnosis? Physical, X-Ray, Laboratory & Clinical Manifestations — 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?

If so, specify

(Signed) W. C. GIBSON, M.D., Manager, M. D.

(Address) Vets. Adm. Fac., Jeff. Bks., Mo.