

JAN 17 1936

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

Do not use this space.

36674

1. PLACE OF DEATH

County Jefferson Registration District No. 34
Township Jefferson Primary Registration District No. _____
City _____ (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

William B. Mahaney
(a) Residence, No. _____ St. _____ 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 Katie Mahaney
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____
7. AGE YEARS 68 MONTHS 12 DAYS 21 If LESS than 1 day, hrs. or min. _____

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stationary Engineer
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) 1929 11. Total time (years) spent in this occupation 59 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Judson Co. Mo. U.S.A.

MOTHER FATHER 13. NAME Pat Newton Mahaney

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gasconade Co. Mo. U.S.A.

15. MAIDEN NAME Caroline Bly

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania U.S.A.

17. INFORMANT (ADDRESS) Mrs. Katie Mahaney, Belle, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hickory Grove DATE Nov. 8, 1935

19. UNDERTAKER (ADDRESS) Kathlinder Undertaking Co., Belle, Mo.

20. FILED Jan 10, 1936 Lemora Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 6, 1935
22. I HEREBY CERTIFY, That I attended deceased from Oct. 26, 1935 to Nov. 6, 1935
I last saw him alive on Nov. 6, 1935. Death is said to have occurred on the date stated above, at 10:20 P.M.
The principal cause of death and related causes of importance were as follows:

Nephritis & cystitis 7-9 Mths
Date of onset _____

Other contributory causes of importance:

Hypostatic pneumonia, 2 days

Name of operation none Date of _____
What test confirmed diagnosis? physical 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 _____, 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 none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) Frank O. Anderson, M. D.

(Address) Belle, Mo.

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.

STATE BOARD OF HEALTH, BUREAU OF VITAL STATISTICS, THIS IS A PERMANENT RECORD

