

JAN 23 1936

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

Do not use this space.

39550

1. PLACE OF DEATH

County Jackson Registration District No. 299
Township Kaw Primary Registration District No. 1002
City Kansas City, Mo. (No. 3838 Indep. Ave. St. _____ Ward _____)

File No. _____
Registered No. 4090

2. FULL NAME Mrs. Cora McMahan

(a) Residence, No. 3838 Indep. Ave. 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William L. Mallahan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 1-1878

7. AGE YEARS 57 MONTHS 8 DAYS 8 If LESS than 1 day, _____ hrs. _____ min.

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) Miss

13. NAME A. P. Bland

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Martha Ferguson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

17. INFORMANT W. L. McMahan
(ADDRESS) 3838 Indep. Ave. K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Floral Hills DATE Dec. 12-35 19

19. UNDERTAKER C.H. Blackman & Son, Inc.
(ADDRESS) 2825 Indep. Blvd. K.C. Mo.

20. FILED Dec 10 1935 M. M. Cronin
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 9-35 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 1935, to Dec. 9 1935
I last saw h. er alive on Dec 9 11:50 PM 1935 Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Cardiac failure
curshors of liver,
ascites
spleen enlargement.

Other contributory causes of importance:
Infection of liver & spleen.

Name of operation _____ Date of _____
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? Y
If so, specify Y
(Signed) Wallace M. Branson osteopath
(Address) 2105 Independence Ave

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.

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