

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

Do not use this space.

6814

1. PLACE OF DEATH

County Maion Registration District No. 54 File No. _____
 Township Harrison Primary Registration District No. 3019 Registered No. 98
 City Hannibal (No. 1100, Sutton Ave) St. 4 Ward) _____

2. FULL NAME

Bradley E. Mahoney
 (a) Residence, No. 1100 Sutton Ave. St., 4 Ward. (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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 21, 1936

7. AGE YEARS 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. _____
 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) Hannibal (STATE OR COUNTRY) Mo

MOTHER 13. NAME Raymond D. Mahoney

14. BIRTHPLACE (CITY OR TOWN) Hannibal Mo (STATE OR COUNTRY)

15. MAIDEN NAME Ruth Willis

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

17. INFORMANT Mr. Raymond D. Mahoney (ADDRESS) 1100 Sutton Ave. Hannibal, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hope Cem. DATE 2/22/36

19. UNDERTAKER James O. Janel (ADDRESS) Hannibal, Mo

20. FILED Mo 24 1936 R. H. Shook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 21st, 1936

22. I HEREBY CERTIFY, That I attended deceased from Delivered on Feb 21, 1936, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 7:40 p.m.

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

Immature Birth Date of onset _____
About 6 months.

Other contributory causes of importance: Not known

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? _____
 If so, specify _____

(Signed) D. J. Hopkins
 (Address) 302 N. 4th St. Hannibal 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.

APR 21 1936

