

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 24 1936

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

Do not use this space.

31471

1. PLACE OF DEATH
 County Johnson Registration District No. 431
 Township Warrensburg Primary Registration District No. 3023
 City Warrensburg (No.) St. Ward

2. FULL NAME Samuel Barton McMahan
 (a) Residence, No. St. Ward
 (Usual place of abode)
 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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Amanda McMahan</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan-16 1849</u>		
7. AGE YEARS <u>87</u>	MONTHS <u>7</u>	DAYS <u>10</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer (Retired)</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>		
10. Date deceased last worked at this occupation (month and year) <u> </u>		11. Total time (years) spent in this occupation <u> </u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Johnson Co. Mo.</u>		
13. NAME <u>Samuel McMahan</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Boonville Mo.</u>		
15. MAIDEN NAME <u>Joanna Thompson</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Johnson Co. Mo.</u>		
17. INFORMANT (ADDRESS) <u>Mrs. Ed Scholz Pritcherson Warrensburg</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sunset Hill</u> DATE <u>Aug-29 1936</u>		
19. UNDERTAKER (ADDRESS) <u>Sweeney Phillips Warrensburg Mo.</u>		
20. FILED <u>Aug 29, 1936</u> <u>Earl Bentley Registrar</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug-26 1936

22. I HEREBY CERTIFY, That I attended deceased from May 7th, 1936, to Aug 26, 1936
 I last saw him alive on July 8th, 1936 Death is said to have occurred on the date stated above, at 7:30 A. M.
 The principal cause of death and related causes of importance were as follows:
arterial sclerosis Date of onset two years active since 8th 1936
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 Other contributory causes of importance:

Name of operation none 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? 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

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) John T. Anderson M. D.
 (Address) Warrensburg

