

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

Do not use this space.

OCT 20 1936

36586

31

1. PLACE OF DEATH

County Andrew
Township Saling
City _____ (No. _____)

Registration District No. 79
Primary Registration District No. 5036

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Nente Mahan

(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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14th 1854

7. AGE YEARS 82 MONTHS 3 DAYS 23 IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Andrew Co, Mo

FATHER
13. NAME James Mahan

14. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) un known

MOTHER
15. MAIDEN NAME Martha A Brunt

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

17. INFORMANT Irvin Mahan
(ADDRESS) Centralia Mo

18. BURIAL, CREMATION, OR REMOVAL Centralia Mo
DATE Oct 11th 1936

19. UNDERTAKER W. J. McDonald
(ADDRESS) Centralia Mo

20. FILED 10/8 1936 O. N. Gutz M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 4 A. m.

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

Coronary berdest; -
Died suddenly of natural
causes.
Likely some heart
trouble

Other contributory causes of importance: _____

Name of operation _____ 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? _____ 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? No

If so, specify _____

(Signed) W. H. McCall, Coroner Andrew

(Address) Ladonia, Mo. Co.

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.

