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

Do not use this space.

FEB 8 1937

Registration District No. 791

Primary Registration District No. 1003

File No. 3091

Registered No. 96

1. PLACE OF DEATH

County St. Louis, Mo.

Township "

City " " (No. St Lukes Hosp. St. Ward)

2. FULL NAME Mrs. May McMahan (MAY P. McMAHAN)

(a) Residence, No. 6155 Wagner St., N.R. Ward. Wellston Mo.
(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: Female

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: Louis McMahan.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 4 - 1870.

7. AGE: Years 66. Months 6. Days 28. 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.: At Home.

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): St. Louis, Mo.

FATHER

13. NAME: Edward Johnson.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bowling Green, Mo.

MOTHER

15. MAIDEN NAME: Emily Jennings

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

17. INFORMANT: Mrs Ruth Ritter.
(ADDRESS) #6155 Wagner.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Crem DATE Jan'y 4 - 1937

19. UNDERTAKER: C. R. Lupton + Sons.
(ADDRESS) #4449 Olive St.

20. FILED ..... 19.... J. F. Bredick
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 2 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 12, 1936, to Jan 2, 1937

I last saw he alive on Jan 1, 1937 Death is said to have occurred on the date stated above, at 3^50 A.m.

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

	Date of onset
Chronic Myocarditis - cardiac failure	? yrs
Pernicious anemia	8 mos
Pyelitis Nonvalculous	8 mos

Other contributory causes of importance: 9 3 C

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? none 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) Bruce Kenamore, M. D.

(Address) 5535 Delmar Blvd, St. Louis

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.