

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.

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis, Mo.
Township.....
City..... " " No. Mc Mahan

FEB 8 1937 **791**
Registration District No. **1003**
Primary Registration District No. St. Lukes Hosp 1

File No. 3091 **96**
Registered No.
St. Ward)

2. FULL NAME

Mrs. May McMahon (MAY P. McMAHAN)
(a) Residence, No. 6155 Wagner St. 11A Ward. Wallerthe 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 MONTHS DAYS If LESS than 1 day, hrs. or min.
66. 6. 28.

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

13. NAME Edward Johnson.

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

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 Wallerthe Crem. DATE JAN 4 - 1937

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

20. FILED J. T. Bredeck 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 her 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:

Chronic Myocarditis - cardiac failure Date of onset ? yrs
Permissive Anemia 8 mos
Pyelitis noncalculous 8 mos

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? 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

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