MAY 18 1937

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 15719
Township — Primary Registration District No. 1001 — Registered No. 423
City St. Joseph (No. Mo. Methodist Hosp St. Ward)

2. FULL NAME Joseph Newton Mahaffey
(a) Residence, No. 1212 Frederick St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 8 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lillie Mahaffey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 1 1890

7. AGE: YEARS 46 — MONTHS 8 — DAYS 3 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Building Trades
10. Date deceased last worked at this occupation (month and year): April 3 1937
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Superior Neb

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Mrs Lillie Mahaffey, 1212 Frederick Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt. Mora Cem — Date: April 8 37, 19

19. UNDERTAKER (ADDRESS): Barry-Wylie, 218 So 10

20. FILED 4-7, 1937 — H J Nesselbaum, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 4-37, 19

22. I HEREBY CERTIFY, That I attended deceased from April 4th, 1937, to Viewed, 19
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8 05 P m.
The principal cause of death and related causes of importance were as follows:
Injuries received when struck by Auto, while crossing St At 12th & Frederick Ave, St Joseph, Mo.
Date of onset: 4/2-37

Other contributory causes of importance: None

210 M

Name of operation ..... Date of .....
What test confirmed diagnosis? History Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 4/2, 1937
Where did injury occur? St Joseph Mo, (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public place
Manner of injury Auto injuries
Nature of injury Internal injuries

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) B.W. Tales Ck Coroner, M. D.
(Address) St Joseph, 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.