REC'D NOV 16 1938

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

34167
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 791

(b) Township ..... Primary Registration District No. 1003 Registered No. 9153

(c) City St. Louis (d) Street No. St. Luke's Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ernest Mahan

(a) Residence, No. Robertsville, Missouri St. N.A
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-29-1924

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	14	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as 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) Mississippi
(STATE OR COUNTRY) ********** Wayne County, Mo.

FATHER

13. NAME M. C. Mahan

14. BIRTHPLACE (CITY OR TOWN) Wayne County, Mo.
(STATE OR COUNTRY) O

MOTHER

15. MAIDEN NAME Estelle Payne

16. BIRTHPLACE (CITY OR TOWN) Tupelo
(STATE OR COUNTRY) Miss.

17. INFORMANT M. C. Mahan
(ADDRESS) Robertsville, Mo.

18. BURIAL, CREMATION, OR REMOVAL 2 p.m.
PLACE Robertsville, Mo. DATE 10-22-1938

19. FUNERAL DIRECTOR Truth Center Mortuary
(ADDRESS) 4024 Lindell Bl.

20. FILED OCT 21 1938 J. F. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-20-~~19~~ 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-4, 1938, to 10-20-, 1938

I last saw him alive on 10-20-, 1938. Death is said to have occurred on the date stated above, at 4:20-p.m.

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

	Date of onset
Tumor of Pons Malignant	

Other contributory causes of importance:

Name of operation Craniotomy Date of 10-17-38

What test confirmed diagnosis? Was there an autopsy?

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?

If so, specify

(Signed) R. M. Kennedy, M. D.

(Address)

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, John Ketter, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed John Ketter

Licensed Embalmer No. 3880

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)