

REC'D MAY 19 1939

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

15222
Do not use this space.

1. PLACE OF DEATH

(a) County Jefferson Registration District No. 420
(b) Township 000 Primary Registration District No. 3022
(c) City Wabota (d) Street No. _____ 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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. 24

2. PRINT FULL NAME

507 EDWARD JOSEPH MAHONEY
(a) Residence, No. Wabota, Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 17 - 1867

7. AGE YEARS 71 MONTHS 6 DAYS 24 IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. machinist
9. Industry or business in which work was done, as saw mill, bank, etc. Foreman
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) Pitchfield (STATE OR COUNTRY) Illinois

FATHER 13. NAME Martin D. Mahoney

14. BIRTHPLACE (CITY OR TOWN) Ireland (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Hanora Hayes

16. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY)

17. INFORMANT Martin J. Mahoney (ADDRESS) Wabota, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wabota Mo DATE 4/13 1939

19. FUNERAL DIRECTOR Wangel J. Mahan (ADDRESS) Wabota, Mo.
20. FILED 5-5 1939 Jeneva Danneil Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10 1939

22. I HEREBY CERTIFY, that I attended deceased from Dec - 7 - 1939 to April - 10 - 1939
I last saw him alive on April 10 - 1939. Death is said to have occurred on the date stated above, at 12:50 p.m.
The principal cause of death and related causes of importance were as follows:

Mitral regurgitation of heart
not known
not known

Other contributory causes of importance: arterial sclerosis not known

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) Walter C. Gibbons, M. D.
401 S. 5th Wabota, 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.

STATEMENT BY LICENSED EMBALMER

I, Daniel J. Mah, Licensed Embalmer No. 3783

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

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Daniel J. Mah

Licensed Embalmer No. 3783

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