CD OCT 20 1939

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

Do not use this space.

File No. 32175

Registered No. 150

1. PLACE OF DEATH

County: Clay — Registration District No. 148

Township: Fishing River — Primary Registration District No. 3211

City: Excelsior Springs (No. Veterans Administration Facility St. Ward)

2. FULL NAME MAHONEY, John Joseph

(a) Residence, No. 5104 Enright Ave. St., Ward. St. Louis, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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) March 20, 1888

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
51	6	23	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown

10. Date deceased last worked at this occupation (month and year) unknown

11. Total time (years) spent in this occupation unknown

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

FATHER

13. NAME Daniel Mahoney

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

MOTHER

15. MAIDEN NAME Katherine Kennedy

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

17. INFORMANT (ADDRESS) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Louis, Mo. DATE 10-13-39, 19

19. UNDERTAKER (ADDRESS) Claude Prichard, Excelsior Springs, Mo.

20. FILED Oct 13, 1939 Mrs Lee McCracken Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 12, 1939, 19

22. I HEREBY CERTIFY, That I attended deceased from Sept. 29, 1939, 19, to Oct. 12, 1939, 19

I last saw him alive on Oct. 12, 1939, 19. Death is said to have occurred on the date stated above, at 6:47 m. p.m.

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

	Date of onset
Nephritis, chronic, parenchymatous	
Uremia	
Hypertension	

Other contributory causes of importance: 121

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? — 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) John E. Kelly, M.D., Manager, M. D.

(Address) Veterans Administration Facility, Excelsior Springs, Missouri