

MAR 24 1934

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

Do not use this space.

4663

1. PLACE OF DEATH

County Henry CoRegistration District No. 14Township WindsorPrimary Registration District No. 4201City Windsor Mo (No.)

St. Ward)

2. FULL NAME Jane M. Mahaffey

(a) Residence, No. St. Ward.

(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.

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F4. COLOR OR RACE W5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan - 14 - 1852

7. AGE

YEARS 82MONTHS 1DAYS 10

If LESS than 1 day, hrs. or min.

OCCUPATION

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.

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St Louis Missouri
(STATE OR COUNTRY)13. NAME Chas Mahaffey14. BIRTHPLACE (CITY OR TOWN) Pa
(STATE OR COUNTRY)15. MAIDEN NAME Maria Callow16. BIRTHPLACE (CITY OR TOWN) Alleghore Pa
(STATE OR COUNTRY)17. INFORMANT Lydia Mill White
(ADDRESS) Warrensburg Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Warrensburg DATE Feb 23 193419. UNDERTAKER C. A. Root
(ADDRESS) Warrensburg Mo20. FILED Feb 23 1934
Warrensburg Mo
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 22 193422. I HEREBY CERTIFY, That I attended deceased from Jan 10 1934 to Feb 21 1934I last saw h. alive on Feb 21 1934. Death is saidto have occurred on the date stated above, at 3:30 Am.

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

Cerebral thrombosis

Date of onset

Other contributory causes of importance:

82 BJ. W. B.

Name of operation..... 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? No

If so, specify.....

(Signed) J. W. Bledsoe, M. D.(Address) Windsor 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.

