

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

Do not use this space.

765

MAR 26 1929  
 PHYSICIANS should state EXACTLY. 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.

1. PLACE OF DEATH  
 County Bole Registration District No. 213  
 Township Jefferson Primary Registration District No. 3014  
 City Jefferson (No. 504)  
 (Usual place of abode)  
 2. FULL NAME John Mahoney  
 (a) Residence No. 504 Lafayette St. 30 Ward.           
 (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred 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) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF           
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
about 50  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Plagman  
 (b) General nature of industry, business, or establishment in which employed (or employer).  
 (c) Name of employer J. C. Street bar. Co.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montevau Co. Mo.  
 10. NAME OF FATHER Patrick Mahoney  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland  
 12. MAIDEN NAME OF MOTHER Mary Evans  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

14. INFORMANT James Coote (Address) J. C. Mo.  
 15. FILED 2-6-29 S. B. Bedford REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 8 - 1929  
 17. I HEREBY CERTIFY That I attended deceased from Jan 7, 1929, to Jan 7, 1929, and that I last saw him alive on Jan 7, 1929, at 7:00 a.m.  
 THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Tuberculosis pulmonary  
 (duration) yrs. mos. ds. 2 2/3  
 CONTRIBUTORY (SECONDARY) 31  
 (duration) yrs. mos. ds.           
 18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.....  
 DID AN OPERATION PRECEDE DEATH..... DATE OF.....  
 WAS THERE AN AUTOPSY.....  
 WHAT TEST CONFIRMED DIAGNOSIS.....  
 (Signed) S. B. Bedford, M. D.  
9, 1929 (Address) J. C. Mo.  
 \*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.  
 19. PLACE OF BURIAL, CREMATION, OR REMOVAL California, Mo. DATE OF BURIAL Jan. 10 - 1929  
 20. UNDERTAKER C. P. Heinrichs ADDRESS J. C. Mo.

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