

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.

Hawkins

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

Do not use this space.

MAY 31 1937

1. PLACE OF DEATH
 74 County *St. Francois* Registration District No. *775* File No. *17471*
 2 Township *St. Mary* Primary Registration District No. *6020-A* Registered No. *38*
 6 City *St. Genevieve Mo.* St. _____ Ward _____

2. FULL NAME *Mary Ann McMahon*
 (a) Residence, No. *St. Genevieve 740* 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. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Patrick Francis McMahon*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan. 7, 1868*

7. AGE YEARS *74* MONTHS *3* DAYS *10* If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*
 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) (STATE OR COUNTRY) *St. Genevieve County*

FATHER 13. NAME *James Cunningham*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Francois Co. Missouri*

MOTHER 15. MAIDEN NAME *Hellie Laws*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *North Carolina*

17. INFORMANT (ADDRESS) *Mrs. Mary Sickett (same) Same Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Catholic Cemetery 4/19/37*

19. UNDERTAKER (ADDRESS) *St. James & Sons Co. Same St. Genevieve Mo.*

20. FILED *Apr. 19, 1937* *N. W. Hawkins* Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 17, 1937*

22. I HEREBY CERTIFY, THAT I attended deceased from *April 13, 1937*, to *April 17, 1937*
 last saw *her* alive on *April 17, 1937* Death is said to have occurred on the date stated above, at *7:30 A.* m.
 The principal cause of death and related causes of importance were as follows:
Lobar pneumonia Date of onset *April 15*
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Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? *Physiognomy* 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? *Yes*
 If so, specify _____
 (Signed) *N. W. Hawkins*, M. D.
 (Address) *Same St. Genevieve, Mo.*

