

STATE OF DELAWARE
CERTIFICATE OF DEATH
BOARD OF HEALTH

BIRTH NO.

1. PLACE OF DEATH a. COUNTY New Castle		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission.) a. STATE Delaware		b. COUNTY New Castle	
b. CITY (If outside corporate limits, write RURAL) OR TOWN Delaware City Dela.		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL) OR TOWN Wilmington	
d. FULL (If not in hospital or institution, give street address or location) NAME OF HOSPITAL OR INSTITUTION Gov. Bacon Health Center		d. STREET ADDRESS (If rural, give location) 1701 Maryland Avenue			
3. NAME OF DECEASED (Type or Print)		a. (First) John	b. (Middle) J.	c. (Last) McMahon	
4. DATE OF DEATH		(Month) (Day) (Year)		2-20-54	
5. SEX Male	6. COLOR OR RACE White	7a. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower		7b. NAME OF HUSBAND OR WIFE Nora	
8. DATE OF BIRTH Sept. 19, 1887		9. AGE (In yrs. last birthday) 86		IF UNDER 1 YR. Months	IF UNDER 24 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baseball Scout N.Y. Giants		10b. KIND OF BUSINESS OR INDUSTRY Baseball		11. BIRTHPLACE (State or foreign country) Delaware	
12. CITIZEN OF WHAT COUNTRY? U.S.		13. FATHER'S NAME Michael J. McMahon		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (War or dates of service) --		16. SOCIAL SECURITY NO. --		17. INFORMANT'S NAME AND ADDRESS Mrs Mary Carney, 1701 Md Ave., Wilm Dela.	
18. CAUSE OF DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g. heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		(a) Arteriosclerotic heart disease Due to			Interval Between Onset and Death Unknown
ANTECEDENT CAUSES		(b) Peripheral vascular disease with Due to gangrene of toes.			Unknown
DISEASES OR CONDITIONS, if any, giving rise to the above cause (a) stating the UNDERLYING CONDITION last.		(c) Generalized arteriosclerosis.			Unknown
OTHER SIGNIFICANT CONDITIONS contributing to the death, but not related to the disease or condition causing it.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan. 6, 1954, to Feb. 20, 1954, that I last saw the deceased alive on Feb. 20, 1954, and that death occurred at 3:35 A.m., from the causes and on the date stated above.					
23a. SIGNATURE <i>M. A. Mealey</i>		23b. ADDRESS Delaware City, Delaware.		23c. DATE SIGNED 2/20/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-24-54		24c. NAME OF CEMETERY OR CREMATORY St. Josephs on Brandywine	
24d. LOCATION (City, town, or county) (State) Wilmington, Delaware		25. FUNERAL DIRECTOR M.A. Mealey & Sons, Wilmington, Delaware		ADDRESS	
DATE REC'D BY LOCAL REG. 2-22-54		REGISTRAR'S SIGNATURE <i>Maurice D. McCall</i>		25. FUNERAL DIRECTOR M.A. Mealey & Sons, Wilmington, Delaware	

THIS CERTIFICATE MUST BE FILED WITH THE LOCAL REGISTRAR WITHIN 72 HOURS AFTER DEATH AND BEFORE INTERMENT OR OTHER DISPOSAL OF THE BODY

FEB 24 1954

E. J. Shiva M.D.