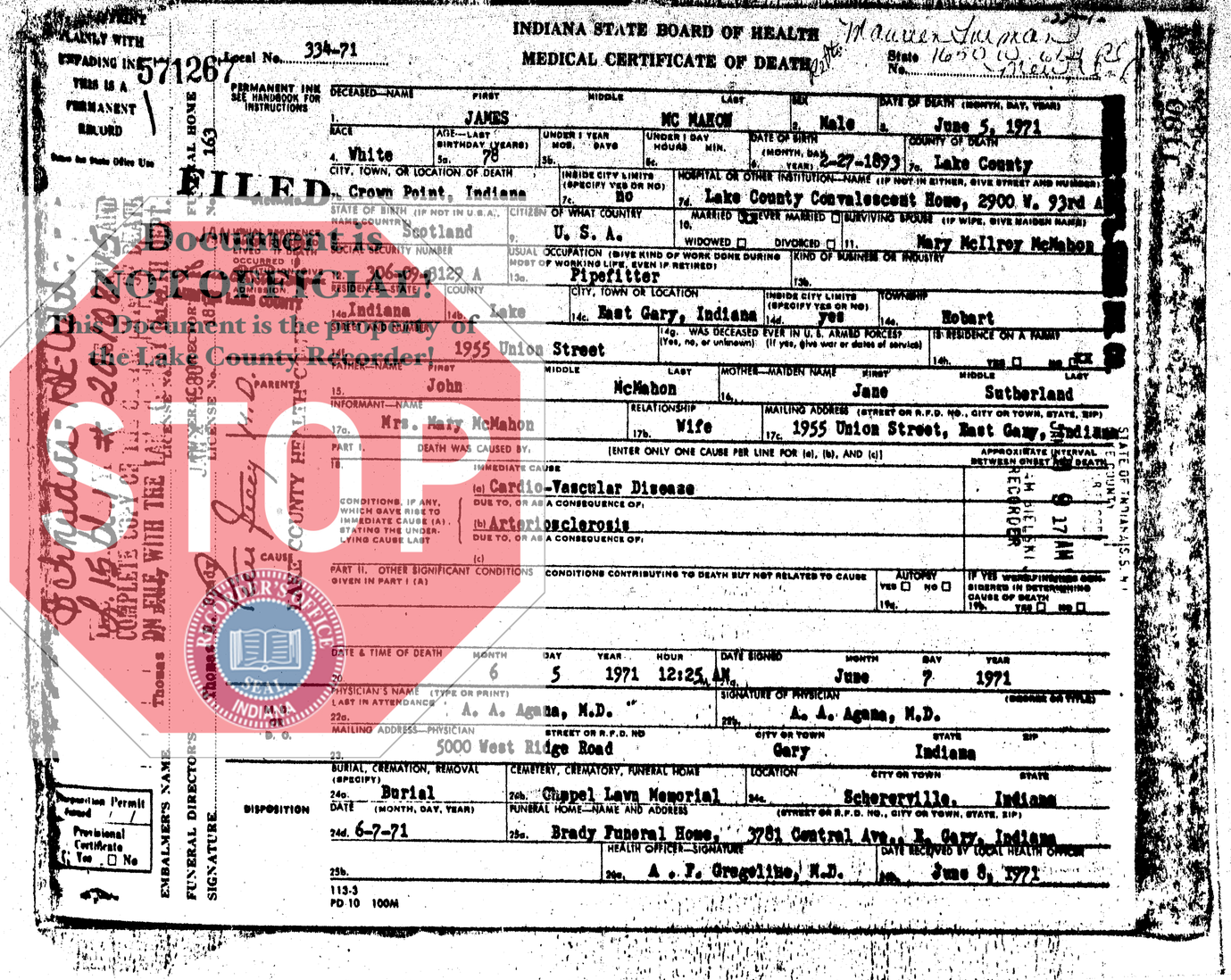
571267



INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Local No. 334-71
State No. 571267

FILED

DECEASED—NAME: JAMES MC MAHON
1. SEX: Male
2. DATE OF DEATH (MONTH, DAY, YEAR): June 5, 1971
3. RACE: White
4. AGE—LAST BIRTHDAY (YEARS): 78
5a. UNDER 1 YEAR MOS. DAYS
5b. UNDER 1 DAY HOURS MIN.
6. DATE OF BIRTH (MONTH, DAY, YEAR): 2-27-1893
7. COUNTY OF DEATH: Lake County
7a. CITY, TOWN, OR LOCATION OF DEATH: Crown Point, Indiana
7b. INSIDE CITY LIMITS (SPECIFY YES OR NO): No
7c. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): Lake County Convalescent Home, 2900 W. 93rd A
8. STATE OF BIRTH (IF NOT IN U.S.A.) NAME COUNTRY: Scotland
9. CITIZEN OF WHAT COUNTRY: U. S. A.
10. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Mary McIlroy McMahon
12. SOCIAL SECURITY NUMBER: 306-07-8129 A
13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Pipefitter
13b. KIND OF BUSINESS OR INDUSTRY
14a. RESIDENCE-STATE: Indiana
14b. COUNTY: Lake
14c. CITY, TOWN OR LOCATION: East Gary, Indiana
14d. INSIDE CITY LIMITS (SPECIFY YES OR NO): yes
14e. TOWNSHIP: Hobart
14f. 1955 Union Street
14g. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
14h. IS RESIDENCE ON A FARM? YES ☐ NO ☒
15. FATHER—NAME FIRST: John MIDDLE: LAST: McMahon
16. MOTHER—MAIDEN NAME FIRST: Jane MIDDLE: Sutherland LAST:
17a. INFORMANT—NAME: Mrs. Mary McMahon
17b. RELATIONSHIP: Wife
17c. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 1955 Union Street, East Gary, Indiana

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))
18. IMMEDIATE CAUSE (a) Cardio-Vascular Disease — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST
DUE TO, OR AS A CONSEQUENCE OF: (b) Arteriosclerosis
DUE TO, OR AS A CONSEQUENCE OF: (c)
PART II. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I (A)
19. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE
AUTOPSY YES ☐ NO ☐ 19a.
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? YES ☐ NO ☐ 19b.

20. DATE & TIME OF DEATH: MONTH 6 DAY 5 YEAR 1971 HOUR 12:25 AM
DATE SIGNED: MONTH June DAY 7 YEAR 1971
21. PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE: A. A. Agana, M.D.
22a. SIGNATURE OF PHYSICIAN (DEGREE OR TITLE): A. A. Agana, M.D.
22b. MAILING ADDRESS—PHYSICIAN: STREET OR R.F.D. NO: 5000 West Ridge Road; CITY OR TOWN: Gary; STATE: Indiana; ZIP:
23. EMBALMER'S NAME
FUNERAL DIRECTOR'S SIGNATURE
DISPOSITION
24a. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
24b. CEMETERY, CREMATORY, FUNERAL HOME: Chapel Lawn Memorial
24c. LOCATION CITY OR TOWN: Schererville, STATE: Indiana
24d. DATE (MONTH, DAY, YEAR): 6-7-71
25a. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Brady Funeral Home, 3781 Central Ave., E. Gary, Indiana
25b.
Disposition Permit Issued / /
Provisional Certificate Yes ☐ No
26a. HEALTH OFFICER—SIGNATURE: A. F. Gregoline, M.D.
26b. DATE RECEIVED BY LOCAL HEALTH OFFICER: June 8, 1971

113-3
PD 10 100M

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS
COMPLY WITH INSTRUCTIONS
THIS IS A PERMANENT RECORD
Space for State Office Use
FUNERAL HOME 163
EMBALMER'S NAME
FUNERAL DIRECTOR'S SIGNATURE
LICENSE NO.
Thomas [illegible]
Waiver Surgical
STATE OF INDIANA, LAKE COUNTY, S.S.
RECORDED
6 17 AM

Document is NOT OFFICIAL!
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STOP
RECORDER'S OFFICE SEAL INDIANA