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

Do not use this space.

8150

File No. 8150

Registered No. 1003

1. PLACE OF DEATH
County Jackson
Township Raw
City Kansas City Mo (No. 4124 Scarritt St. Ward)
Registration District No. 8
Primary Registration District No. 7

2. FULL NAME William H Mayes
(a) Residence. No. 4124 Scarritt 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. 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) Dec 12 1847
7. AGE: Years 79 | Months 2 | Days 25 | If LESS than 1 day, ...hrs. or ....min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Merchant
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Ky

PARENTS
10. NAME OF FATHER William Mayes
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Dont Know
12. MAIDEN NAME OF MOTHER Dont Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Dont Know

14. INFORMANT John C Mayes
(Address) 4124 Scarritt
15. FILED 3/9 1927 M. M. Crowe Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-7 1927
17. I HEREBY CERTIFY, That I attended deceased from Feb 26 1927, to March 8 1927, that I last saw him alive on March 7 1927, and that death occurred, on the date stated above, at 6 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Uremia 131
115 A
132 K
Pneumonia (duration) yrs. mos. 9 ds.
CONTRIBUTORY (SECONDARY) Chronic nephritis acute
Senilitis (duration) Senilitis yrs. mos. 10 ds.
Nephritis 10 years.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Catheter & Urine & Albumen
(Signed) F. C. Willis M.D.
Mch 8 1927 (Address) 230 Argyle Bldg Kansas City

*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 Mt Washington
DATE OF BURIAL 3/9 1927
20. UNDERTAKER O O Mast
ADDRESS 1915 East 12

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.

THIS IS A PERMANENT RECORD

[illegible]
Argyce Bldg