25 1928

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

Do not use this space.

9603

1. PLACE OF DEATH
County Lafayette
Township
City Lexington (No. ..... St. ..... Ward)
Registration District No. 461
Primary Registration District No. 3024
File No. 16
Registered No. .....

2. FULL NAME Edith Mayberry
(a) Residence. No. ..... 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 Female
4. COLOR OR RACE Negro
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Peter Mayberry
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 10, 1852
7. AGE Years 75 Months 11 Days 24 If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) At Home
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Lafayette
(STATE OR COUNTRY) Mo.

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

14. INFORMANT Aleck Mayberry
(Address) Lexington Mo
15. FILED Mar. 5, 1928 J. F. Cope REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 4 1928
17. I HEREBY CERTIFY, That I attended deceased from Feb 19, 1928, to Mch 4, 1928 that I last saw her alive on Mch 3, 1928, and that death occurred, on the date stated above, at 9:15 P. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hemiplegia
92 D
182 D
~~(duration)~~ yrs. mos. 14 ds.
CONTRIBUTORY (SECONDARY) Chronic Endocarditis
(duration) 10 yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 96 A
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) [signature], M. D.
Mar 5, 1928 (Address) Lexington

*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 Lexington Mo
DATE OF BURIAL Mar 6 1928
20. UNDERTAKER Ernest Peyert
ADDRESS Lexington Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.