

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

Do not use this space.
19592

1. PLACE OF DEATH

County Shelby
Township Jeff. River
City Shelbina (No.) St. Ward)

Registration District No. 830
Primary Registration District No. 6091

File No. 17
Registered No.
St. Ward)

2. FULL NAME

M. O. Ayers
(a) Residence. No. St. Ward.
(Usual place of abode)

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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Julia Ayers

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 30 1868

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
60 10 27

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Michigan

10. NAME OF FATHER Norman Ayers

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Michigan

12. MAIDEN NAME OF MOTHER Clara Wright

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Michigan

14. INFORMANT Julia Ayers
(Address) Shelbina

15. James J. Madar REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-27-1928

17. I HEREBY CERTIFY That I attended deceased from May 15, 1928 to Apr 26, 1928 that I last saw him alive on Apr 26, 1928, and that death occurred, on the date stated above, at 4:30 p.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Nephritis
131
72 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Tuberc. (duration) 10 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? no DATE OF 2-28
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Chinical
(Signed) A. M. Wood, M. D.
5-1-1928 (Address) Shelbina Mo.

*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 Shelbina Mo DATE OF BURIAL April 29 1928

20. UNDERTAKER Agua Peter ADDRESS Shelbina Mo.

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.

