SEP 27 1928

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

Do not use this space.

28250

1. PLACE OF DEATH
County Randolph
Township Prairie
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 736
Primary Registration District No. 5964

File No. .....
Registered No. 14

2. FULL NAME Laura Mayo

(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: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mch 26th 1853

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
75	4	16	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ..... Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Robert M Mason
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... Pa
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Dorcas Stigers
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... O.
(STATE OR COUNTRY)

14. INFORMANT Mason Mayo
(Address) Breckenridge Mo

15. FILED 8-20, 1928 G T Kimbrough
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 11th 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 1st 1928, to Aug 11 1928, that I last saw her alive on Aug 11 1928, and that death occurred, on the date stated above, at 12:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute dilatation of heart
92A
95B
90A
(duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (SECONDARY)
Mitral regurgitation (duration) 1 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? at home
DID AN OPERATION PRECEDE DEATH? No, DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Signs & symptoms
(Signed) C. L. Dodson, M.D
8-11th, 1928 (Address) Moberly 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: Platte City Mo.
DATE OF BURIAL: 8-12th 1928

20. UNDERTAKER: Mahan and Son
ADDRESS: Moberly 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.

...WITH UNFADING INK—THIS IS A PERMANENT RECORD