

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

Do not use this space.

1711

1. PLACE OF DEATH

County Jackson
Township Rain
City Kansas City

Registration District No. 399

Primary Registration District No. 1002

File No. 303

Registered No. 303

St. 16

Ward

2. FULL NAME

(a) Residence. No. 4025 Chestnut St. 16 Ward.

Length of residence in city or town where death occurred 13 yrs. mos. da.

How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

m

4. COLOR OR RACE

wh

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

married

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

Gertrude M. Mayo

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

March 2, 1862

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

66

10

19

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Railway Mail

(b) General nature of industry, business, or establishment in which employed (or employer)

Clerk - Retired

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Huntsville

(STATE OR COUNTRY)

Mo.

10. NAME OF FATHER

William Mayo

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Unknown

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Rebecca Gayle

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Unknown

(STATE OR COUNTRY)

14.

INFORMANT

(Address)

Mrs. Gertrude M. Mayo

4025 Chestnut

15.

FILED

1-21-29

M. M. Crook

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Jan. 21 1929

17.

I HEREBY CERTIFY, That I attended deceased from

2-19-1927 to 1-21-1929, and that I last saw him alive on Jan 12 1929, and that death occurred, on the date stated above, at 352

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coronary Atherosclerosis

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH?

No

DATE OF

20. WAS THERE AN AUTOPSY?

No

WHAT TEST CONFIRMED DIAGNOSIS?

Clinical

(Signed)

Frank B. Hedges M. D.

*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.

21. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Huntsville Mo Jan 23 1929

22. UNDERTAKER

ADDRESS

174 Newcomer Dono R. C. Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

401 Westover Bldg.
Logan 3590.

10:30 - 12; 3-5.