

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

Do not use this space.

2042

1. PLACE OF DEATH

County Miss. Madrid
Township Portageville
City Portageville (No. _____)

Registration District No. 607
Primary Registration District No. 4361

File No. 87
Registered No. 37
St. _____ Ward _____

2. FULL NAME

Dr. Pinkney M. Mayfield
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-2-1930

17.

I HEREBY CERTIFY, That I attended deceased from _____
_____ 1929, to _____ 1930
that I last saw him alive on _____ 1929, and that
death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of Prostate

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY)

45 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H. J. Colkey M. D.

, 19 _____ (Address) Portageville 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.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Medical Doctor 460
(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)

Marble Hill Mo

10. NAME OF FATHER

J. J. Mayfield

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

Mo.

12. MAIDEN NAME OF MOTHER

Sarah Melvin

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

Mo.

14. INFORMANT (Address)

Chas. Mayfield
Portageville Mo.

15. FILED

1/8 1930
Ch. Cook REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Portageville, County 1/3 1930

20. UNDERTAKER

ADDRESS

R. M. Parson Portageville

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

