

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

Do not use this space.

8525

**1. PLACE OF DEATH**

County Howell  
Township \_\_\_\_\_  
City West Plains, Mo. (No. \_\_\_\_\_)

Registration District No. 384  
Primary Registration District No. 4727

File No. 25-  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** William Otis Mayfield

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward Willow Springs, Mo.  
(Usual place of abode) (If nonresident give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (specify the word) Married

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) -WIFE-OF Allie Mayfield.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec., 5, 1905

7. AGE 24 YEARS 3 MONTHS 4 DAYS. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Truck Driver  
(b) General nature of industry, business, or establishment in which employed (or employer) For Missouri State Highway Department.  
(c) Name of employer \_\_\_\_\_

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

10. NAME OF FATHER Elijah Mayfield

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

12. MAIDEN NAME OF MOTHER Ellen Barton

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

14. INFORMANT Mrs. Elijah Mayfield (Address) Mtn. Grove Mo.

15. FILED 3-12-30 O. M. Nevinich REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 9, 1930  
17. \_\_\_\_\_

I HEREBY CERTIFY, That I attended deceased from 3-8-30, 1930, to 3-9-30, 1930 (that I last saw him alive on 3-9-30, 1930, and that death occurred, on the date stated above, at 5:40 P. m.)

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

188 Fracture of Skull - Automobile accident  
1/210 M

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 1 da.

CONTRIBUTORY (SECONDARY) \_\_\_\_\_

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

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

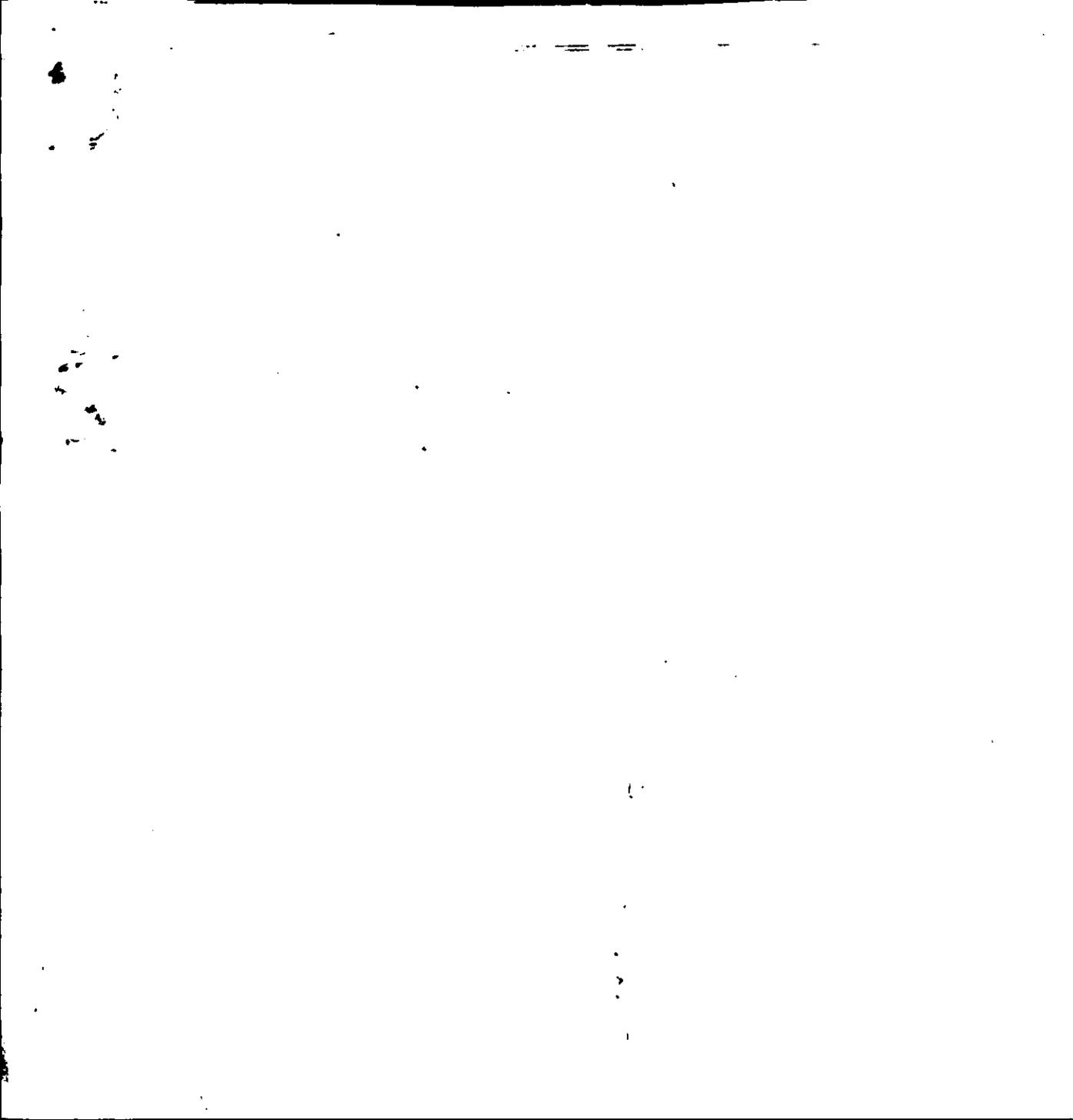
WHAT TEST CONFIRMED DIAGNOSIS. (Signed) E. Claude Bohner, M. D.

3-10-1930 (Address) West Plains, 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 Dawson, Mo. DATE OF BURIAL 3/10/ 19 30

20. UNDERTAKER Hal Shoenberger ADDRESS West Plains, Mo.



**MISSOURI STATE BOARD OF HEALTH  
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

County Howell

Registration District No. 384

File No. 8525

Township .....

Primary Registration District No. 4227

Registered No. 25

City West Plains (No. .... St. .... Ward)

2. FULL NAME

William Otis 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

M

4. COLOR OR RACE

W

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

M

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

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, .... hrs. or .... min.

8. OCCUPATION OF DECEASED

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

(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)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 9 - 1930

17.

I HEREBY CERTIFY, That I attended deceased from .....

that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at .....

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

fractured skull auto-accidents  
Motor Vehicle, bucked his door and ran over him.

CONTRIBUTORY (SECONDARY)

west plains mo

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? .....

18 18

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) ....., M. D.

, 19 (Address)

\*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

DATE OF BURIAL

19

20. UNDERTAKER

ADDRESS

15.

INFORMANT

(Address)

FILED

19

O. H. Heinrich

REGISTRAR

LAW  
FI .JES UNTIL THEY ARE COMPLETE AS PRESCRIB  
REGISTRARS SHALL NOT RECEIVE A

S-8395