

JUN 24 1930

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

Do not use this space.

15553

1. PLACE OF DEATH

County Carroll Registration District No. 135  
Township Sugar Creek Primary Registration District No. 5191  
City Carrollton Mo

File No. \_\_\_\_\_  
Registered No. 39  
St. \_\_\_\_\_ Ward)

2. FULL NAME Roger Russell West Mayden

(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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Infant</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>5-11-1930</u>		
7. AGE	YEARS	MONTHS
	<u>16</u>	<u>Months</u>
8. OCCUPATION OF DECEASED		DAYS
(a) Trade, profession, or particular kind of work. <u>Infant</u>		IF LESS than 1 day, _____ hrs. or _____ min.
(b) General nature of industry, business, or establishment in which employed (or employer)		
(c) Name of employer		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-12-1930

17. I HEREBY CERTIFY, That I attended deceased from 5/11/30, 1930 to 5-12-1930, 1930 that I last saw him alive on 5/12/30, 1930 and that death occurred, on the date stated above, at 3:00 A. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cerebral hemorrhage due to birth pressure during extraction of breech presentation (duration) \_\_\_\_\_ yrs. mos. 1 ds.  
CONTRIBUTORY (SECONDARY) 16 hrs (duration) \_\_\_\_\_ yrs. mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? No  
WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) J. B. Brown, M. D.  
5-12-1930 (Address) Carrollton 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.

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Carroll Co.

10. NAME OF FATHER Russell Mayden

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

12. MAIDEN NAME OF MOTHER Anna Winfrey

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

14. INFORMANT Russell Mayden  
(Address) Warborne Mo RR3

15. FILED 5-12-1930 Mrs E E Farnham  
REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Liberty DATE OF BURIAL May 12 1930

20. UNDERTAKER Standley ADDRESS Carrollton

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.

