

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.

NOV 28 1930

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

Do not use this space.

1. PLACE OF DEATH

County St. Francois
Township Randolph
City Desloge (No.)

Registration District No. 779
Primary Registration District No. 6024a

File No. 33952
Registered No.
St. Ward)

2. FULL NAME

James Lee Mayberry
(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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) baby

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 10-1930

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
16

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) Desloge
(STATE OR COUNTRY)

10. NAME OF FATHER James B. Mayberry

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

12. MAIDEN NAME OF MOTHER Dorthea Burkholder

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

14. INFORMANT James D. Mayberry
(Address) Desloge Mo.

15. FILED 10-27-30 R. B. Koster
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10/26 1930

17. I HEREBY CERTIFY, That I attended deceased from 10/24, 1930, to 10/26, 1930, that I last saw her alive on 10/26, 1930, and that death occurred, on the date stated above, at 1:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

10/26 Tubular Peritonitis
(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.
DID AN OPERATION PRECEDE DEATH? no DATE OF 2

WHAT TEST CONFIRMED DIAGNOSIS? clinical
WAS THERE AN AUTOPSY? no
(Signed) W. P. Diefendorf, M. D.

(Address) Desloge 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 Parkview DATE OF BURIAL Oct. 27 1930

20. UNDERTAKER C. G. Boyer ADDRESS Desloge Mo.

