

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

Do not use this space.

38485

1. PLACE OF DEATH
 County Barton Registration District No. 41
 Township Ozark Primary Registration District No. 5062
 City Liberal (No.) St. Ward)
 2. FULL NAME Margaret Indiana Mayer
 (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 42 yrs. mos. ds., How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John G. Mayer
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 4-1845
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
85 7 11 —
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work At home
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Madison
 (STATE OR COUNTRY) Indiana
 10. NAME OF FATHER John Smith
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Pa
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Eliza Goodin
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ny
 (STATE OR COUNTRY)

14. INFORMANT Rene Mayer
 (Address) Liberal Mo.
 15. FILED 1/10/31 F.R. [Signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 15 1930
 17. I HEREBY CERTIFY, That I attended deceased from Dec 6 1930, to Dec 14 1930, that I last saw her alive on Dec 14 1930, and that death occurred, on the date stated above, at 6:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
1st Heart Failure
 (duration) yrs. mos. ds.
 CONTRIBUTORY Old age
 (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED At home
 IF NOT AT PLACE OF DEATH
 DID AN OPERATION PRECEDE DEATH? No DATE OF
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS Postural fistula action of heart
 (Signed) J. H. Eddlestone, M. D.
 .1931 (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 Liberal I.O.O.F. Cemetery DATE OF BURIAL Dec 17 1930
 20. UNDERTAKER G. J. Kovantz ADDRESS Lamar

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.

