

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

Do not use this space.

16216

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City St. Louis (No. St. Lukes Hosp)

File No.
Registered No. **4695**
St. Ward)

2. FULL NAME

Robert H. Mayo

(a) Residence. No. Rolla mo. St. 12 Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 19, 1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 1.5 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) Rolla Mo
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Farnan Mayo
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Minnesota 2
12. MAIDEN NAME OF MOTHER Elsa Selin
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Minnesota

14. INFORMANT Robert LaMar
(Address) 416 3 Magnolia

15. FILED APR 20 1931 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 19 1931

17. I HEREBY CERTIFY, That I attended deceased from 4-19-1931 to 4-19-1931 that I last saw him alive on 4-17-1931 and that death occurred, on the date stated above, at 7:10 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Ateliasis
159

CONTRIBUTORY (SECONDARY) Over maturity
(duration) yrs. mos. ds.
(2) or 27 weeks gestation
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED From nature baby born in Rolla Mo. July 1929, by doctor
IF NOT AT PLACE OF DEATH St. Louis for inhibitor test

19. DID AN OPERATION PRECEDE DEATH? NO DATE OF _____
WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS _____
(Signed) D. A. Ruppel M. D.
4-20-1931 (Address) 2720 Washington St. P

*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 Rolla Mo. DATE OF BURIAL Apr 20 1931

20. UNDERTAKER Asiron Li Wo ADDRESS 2707 N Grand

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.

WRITE LEGIBLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

