Mayfield

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

Do not use this space.
16790

1. PLACE OF DEATH
County Scott — Registration District No. 821 — File No. 53
Township Richland — Primary Registration District No. 6070 — Registered No.
City Sikeston (No. , St. Ward)

2. FULL NAME Matilda Catherine Mertz
(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.

JUN 29 1931

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widow
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 19 1859
7. AGE: YEARS 71 — MONTHS 4 — DAYS 26 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cape Co Kentucky

FATHER
13. NAME: Theron Rushing
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cape Co Ky

MOTHER
15. MAIDEN NAME: Caroline Downes
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cape Co Ky

17. INFORMANT (ADDRESS): Mrs Crispin Taylor Sikeston Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Armour DATE Apr 15 1931
19. UNDERTAKER (ADDRESS): H. J. Welch Sikeston Mo
20. FILED 6/10/1931 Walter E. Sims Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apr 15, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec Mch. 15, 1931, to Apr 15, 1931
I last saw her alive on Dec Apr 10, 1931. Death is said to have occurred on the date stated above, at 6:45 a.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Mitral Insufficiency of Heart

92a

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) A. A. Mayfield, M. D.
(Address) Sikeston Mo