

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

Do not use this space.

25611

**1. PLACE OF DEATH**

County Madison  
Township Oak  
City (No. ....)

Registration District No. 598  
Primary Registration District No. 5724

File No. ....  
Registered No. ....

**2. FULL NAME**

Mary Lavinia Shrum  
(a) Residence No. .... St. .... Ward. ....  
(Usual place of abode)

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**

**2 MEDICAL CERTIFICATE OF DEATH**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 26 1931

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

17. I HEREBY CERTIFY, That I attended deceased from 7-22-31, 1931, to July 26, 1931, that I last saw h. .... alive on July 26, 1931, and that death occurred, on the date stated above, at 4:21 p.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 30-1907

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
valvular heart disease

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
23 | 6 | 26

CONTRIBUTORY (SECONDARY) duffy  
(duration) yrs. mos. ds. 2

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work House wife  
(b) General nature of industry, business, or establishment in which employed (or employer) .....  
(c) Name of employer .....

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH USA  
DID AN OPERATION PRECEDE DEATH? NO DATE OF .....  
WAS THERE AN AUTOPSY? .....

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) St. Francis Co Mo

PARENTS

10. NAME OF FATHER Geo. Julius Bayer

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

12. MAIDEN NAME OF MOTHER Hellie Watson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) St. Francis Co Mo

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) C. U. Davis, M. D. , 19 (Address) St. Francis Hospital

\*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.

14. INFORMANT Marion Shrum  
(Address) .....

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Stamington Mo July 26 1931

15. FILED 7 31 19 31 C. U. Davis REGISTRAR

20. UNDERTAKER Ed. Webb Frederick

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

28 1931

3 - [redacted]