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.

OCT 22 1931

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

Do not use this space.

30654

1. PLACE OF DEATH
County: Butler
Township: Poplar Bluff
City: ... No. ... St. ... Ward)
Registration District No.: 89
Primary Registration District No.: 7131
File No.:
Registered No.: 195.

2. FULL NAME: Christopher Columbus Mayse
(a) Residence, No. 9 Mi N. Poplar Bluff Mo Ward. R3
(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): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Easter Mayse
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar 7-1870
7. AGE: Years 60 Months 10 Days 6 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.: Farmer
10. Date deceased last worked at this occupation (month and year): Sept 1930
11. Total time (years) spent in this occupation: all life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky

FATHER
13. NAME: John Mayse
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penn

MOTHER
15. MAIDEN NAME: Annie Freer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penn

17. INFORMANT (ADDRESS): Earl Mayse Hayti Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Lillie Cem DATE: Sept 14, 1931
19. UNDERTAKER (ADDRESS): N T Phillips Poplar Bluff Mo
20. FILED: Sept 14, 1931 B J Ellis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 13, 1931
22. I HEREBY CERTIFY, that I attended deceased from Aug 30, 1930, to Sept 13, 1931
I last saw him alive on July 28, 1931. Death is said to have occurred on the date stated above, at 1:15 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	
23A	

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 N Davidson, M. D.
(Address) Poplar Bluff Mo