

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

Do not use this space.

30890

1. PLACE OF DEATH

County Dallas
Township Jackson
City Buffalo (No. _____)

Registration District No. 2123
Primary Registration District No. 53316

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(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

3. SEX Female 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 Chas Stagg

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 24 - 1885

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 38 4 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Charity Mo

FATHER 13. NAME Hugh Mayfield

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buffalo Mo

MOTHER 15. MAIDEN NAME Nannie Coffelt

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dallas Mo

17. INFORMANT (ADDRESS) Chas Stagg

18. BURIAL, CREMATION, OR REMOVAL PLACE MT Pleasant DATE Sept 4 - 1931

19. UNDERTAKER (ADDRESS) L. B. Jones Buffalo Mo

20. FILED 10/10 1931 M. V. Rea Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 3 - 1931

22. I HEREBY CERTIFY, That I attended deceased from 8-6-1931, to Sept 3, 1931. I last saw h-er alive on Aug 28, 1931. Death is said to have occurred on the date stated above, at 1 a. m.

The principal cause of death and related causes of importance were as follows:

Myocarditis
93B
133C
93B

Other contributory causes of importance: Coronary Insufficiency

Name of operation none Date of _____
What test confirmed diagnosis? None Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ 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) L. B. Jones M. D.
(Address) Buffalo Mo

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

