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

Do not use this space.

36562

1. PLACE OF DEATH
County Scott — Registration District No. 819 — File No.
Township Morley — Primary Registration District No. 4495 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Ellen Jane Mayfield
(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

NOV 28 1931

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: C. J. Mayfield

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 8-17-1865

7. AGE: Years 66 — Months 1 — Days 15 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House Keeper
(b) General nature of industry, business, or establishment in which employed (or employer): 1
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bollinger County Mo

PARENTS
10. NAME OF FATHER: Richard Masters
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Madrid County Mo
12. MAIDEN NAME OF MOTHER: Nancy Lincoln
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Bollinger Co. Mo

14. INFORMANT: C. J. Mayfield
(Address): Morley Mo

15. FILED 11/6, 1931 Mrs. G. D. Harris, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): 10-2-1931

17. I HEREBY CERTIFY, That I attended deceased from Oct, 1926, to Oct, 1931, that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 3 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

131 Brights disease
97
(duration) 5 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Arterio Sclerosis
(duration) ..... yrs. ..... mos. ..... ds.

131

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) A. A. Mayfield, M. D.
Oct 15, 1931 (Address) Sebastian Mo

*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: Blodgett Cemetery — DATE OF BURIAL: 10/3 1931

20. UNDERTAKER: [illegible] — ADDRESS: Blodgett 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.