

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

Do not use this space.

5302

1

File No.

Registered No.

1. PLACE OF DEATH

County Linn

Registration District No. 498

Township 1-1-1

Primary Registration District No. 5663

City BUCKLIN (No.)

St. Ward

2. FULL NAME

ALONZO DEWIT MAYHUGH

(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 35 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 JULIA MAYHUGH

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 19-1961

7. AGE YEARS 70 MONTHS 10 DAYS 2 If LESS than 1 day, hrs. or min.

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

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) FEB. 20, 1932 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ILL 2

13. NAME F.A. Mayhugh

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Rec 31

15. MAIDEN NAME JANNIE FRANCIS DUSENBERRY

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Rec

17. INFORMANT EARNEST MAYHUGH (ADDRESS) 227 HERRIMAN KANSAS CITY-KAS.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wyanotta DATE FEB 23- 1932

19. UNDERTAKER A.C. HERRIMAN (ADDRESS)

20. FILED 2-22-32 J. Cantwell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEB 21 1932

22. I HEREBY CERTIFY That I attended deceased from FEB. 20 1932, to FEB 21 1932

I last saw him alive on FEB 20 1932 Death is said to have occurred on the date stated above, at m.

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

Cerebral Aneurysm Date of onset FEB 20

[Handwritten signature]

Other contributory causes of importance: Chronic Endarteritis

Name of operation (D) Date of

What test confirmed diagnosis Autopsy 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) J. Cantwell M. D. (Address) Bucklin Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

Mar 28 1932

