

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

Do not use this space.

10532

1. PLACE OF DEATH

County..... Registration District No. *731*
Township..... Primary Registration District No. *1000*
City..... (No.) St. Ward)

2. FULL NAME *Ruth Mayham*

(a) Residence, No. *3143 Franklin St.* 21 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

1. SEX *Female* 4. COLOR OR RACE *Col* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) *single*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct 8 1930*

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<i>1</i>	<i>5</i>	<i>7</i>	

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.
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) *St Louis MO*

13. NAME *Lina Mahan*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Cape Girardeau MO*

15. MAIDEN NAME *Lina Johnson*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Cape Girardeau MO*

17. INFORMANT (ADDRESS) *Dr Mahan 3143 Franklin Ave*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Father Dick* DATE *9-18*

19. UNDERTAKER (ADDRESS) *Triskin Tony 3127 Lincoln Ave*

20. FILED *10 15 1932* *May C Stander* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 15 1932*

22. I HEREBY CERTIFY, That I attended deceased from *March 7 1932* to *March 10 1932*
I last saw him alive on *March 14 1932* Death is said to have occurred on the date stated above, at *4:30 p.m.*
The principal cause of death and related causes of importance were as follows:

Lobular
107A Pneumonia III-732
Other contributory causes of importance: *107A ①*

Name of operation *clinical* Date of.....
What test confirmed diagnosis..... Was there an autopsy?.....

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) *Vincent J. Mulla*, M. D.
(Address) *2335 Franklin Ave*

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.

RESERVED FOR EMBLEM

NO. 2.

