

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

Do not use this space.

36354

1. PLACE OF DEATH

61 County Macon
2 Township
3 City Bevier

Registration District No. 527
Primary Registration District No. 3-703
4-212

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

2. FULL NAME

John W. Mayhew
(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 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 Emma Mayhew
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 21-1860
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
72 3 9
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal Miner
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

OCCUPATION

MOTHER FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bevier Mo
13. NAME John Mayhew
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England
15. MAIDEN NAME Sarah Brown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England
17. INFORMANT (ADDRESS) Mrs. Emma Mayhew Bevier Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE East Orchard DATE Dec 2nd 1932
19. UNDERTAKER (ADDRESS) M. G. Edwards Bevier Mo.
20. FILED 12-1 1932 Dave Edwards Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 30, 1932
22. I HEREBY CERTIFY, That I attended deceased from February 4, 1932 to Nov. 30, 1932
I last saw him alive on Nov. 30, 1932 Death is said to have occurred on the date stated above, at 2:50 P.M.
The principal cause of death and related causes of importance were as follows:
Paralysis Agitans
120B / 20
87B / 20
Other contributory causes of importance:
Intestinal Ulcers
Date of onset 1922

Name of operation _____ 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? Yes
If so, specify Brought on by accident in mine
(Signed) Minnie L. Pennington M. D.
(Address) Macon, 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.

FORM 9 1933

