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.

JAN 5 1933

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

Do not use this space.

38141

1. PLACE OF DEATH

110 County Washington — Registration District No. 885 — File No.

Township Belgrade — Primary Registration District No. 6183 — Registered No. 31

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Elmer Mainard 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE White

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) Aug 18-1915

7. AGE YEARS 17 MONTHS 2 DAYS 19 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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) Oats Ray Co Mo

FATHER

13. NAME Ed Mayfield

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nashville Ill

MOTHER

15. MAIDEN NAME May Halloman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayne County Mo

17. INFORMANT (ADDRESS) Ed Mayfield Belgrade Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Belview DATE Nov 8 1932

19. UNDERTAKER (ADDRESS) Norman White & Son Ironton Mo

20. FILED Nov. 15 1932 Mrs J. M. Knox Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 7th 1932

22. I HEREBY CERTIFY, That I attended deceased from August 1932, to Nov 1932

I last saw him alive on Nov 7th 1932 Death is said to have occurred on the date stated above, at 1 30 p m.

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

	Date of onset
Cerebral Hemorage	
23A	
8VA	
23	

Other contributory causes of importance:

T. B. of lungs

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical 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? .....

If so, specify .....

(Signed) J. G. Houston, M. D.

(Address) Belgrade Mo