

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.

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

Do not use this space.

42892

1. PLACE OF DEATH

County Stoddard
Township Richland
City Richland (No.)

Registration District No. 839
Primary Registration District No. 6101

File No.
Registered No. 39 St. Ward)

2. FULL NAME

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. ~~MARRIED, WIDOWED, OR DIVORCED~~
HUSBAND OF (or WIFE OF) Sallie Mayberry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-11-1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 09 19

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) 1927 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayne Co Illa

13. NAME Emis Mayberry

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayne Co Illa

15. MAIDEN NAME Elizabeth Williams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

17. INFORMANT Ora Kern (ADDRESS) Way ridge mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Ever mo DATE 12/10 37

19. UNDERTAKER W. S. ... (ADDRESS) ...

20. FILED 12/10 1937 J. P. Brandon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-9-1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1929 1929 to 12-9-32
I last saw him alive on Oct 5, 1932 Death is said to have occurred on the date stated above, at 4 A m.

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

Nephritis (chronic) (Date of onset) 2 yrs

131
114 151

Other contributory causes of importance: Asthma ①

Name of operation Date of

What test confirmed diagnosis? Clin 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 1932

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 5th & Ave (Signed) Ever mo, M. D.

(Address) Ever mo

