

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

Do not use this space.

5052

**1. PLACE OF DEATH**

21 County Chariton  
Township Yellow Creek  
City Rothville (No. ....)

Registration District No. 174  
Primary Registration District No. 4103

File No. ....  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

Oscar A. 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 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-21-1841

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
91 2 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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) ..... 11. Total time (years) spent in this occupation .....  
.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stemling Co Ky

13. NAME Laban D. Mayhugh

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

15. MAIDEN NAME Priscilla Freland

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Carolina

17. INFORMANT Miss Elazene Mayhugh  
(ADDRESS) Rothville Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Rothville Mo DATE 2/10 1933

19. UNDERTAKER J. S. Shepard  
(ADDRESS) Monticello Mo

20. FILED 2. 9. 1933 U.S. Brock  
Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8 1933

22. I HEREBY CERTIFY, That I attended deceased from June 28 1932 to Feb 8 1933

I last saw him alive on Feb 8 1933. Death is said to have occurred on the date stated above, at 10:40 a.m.

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

Bronchial Pneumonia  
135B  
107A

Other contributory causes of importance:

enlarged Prostate - & Cystitis

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? No.  
If so, specify .....

(Signed) C. D. Stratton, M. D.  
(Address) Rothville Mo

WHITE PLAIN 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.

Year	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
Population	100	100	100	100	100	100	100	100	100	100	100
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