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.

9729

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 1333
Township Raw — Primary Registration District No. 1092 — Registered No.
City K. C. Mo. (No. General Hospital 2 St. Ward)

2. FULL NAME Marjorie Mayfield
(a) Residence, No. 3049 Indiana 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 Female
4. COLOR OR RACE Colored
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) 8-16-30
7. AGE YEARS 2 MONTHS 7 DAYS 3 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. A Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed
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) K. C. Mo.

FATHER
13. NAME Ollie Mayfield
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Okla.

MOTHER
15. MAIDEN NAME Venida Mauzima
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Record Clerk K C Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE 3-23, 1933
19. UNDERTAKER (ADDRESS) H B Moore 1820 E 18 St
20. FILED Mch 20, 1933 M. M. Crowe Asst Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-19-, 1933
22. I HEREBY CERTIFY, That I attended deceased from 3-18-, 1933, to 3-19-, 1933
I last saw her alive on 3-19-, 1933 Death is said to have occurred on the date stated above, at 11:50 P.M.
The principal cause of death and related causes of importance were as follows:

Date of onset

Bronchial Pneumonia
107A

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Clinical & Lab. Was there an autopsy? No

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) [signature], M. D.
(Address) General Hosp. #2

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County: Jackson — Registration District No. ____ — File No. ____

Township: ____ — Primary Registration District No. ____ — Registered No. 1333

City: Kansas (No. ____, ____ St. ____ Ward)

2. FULL NAME Margarie Mayfield

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
F	B	

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS	MONTHS	DAYS	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)

FATHER

13. NAME ____

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

MOTHER

15. MAIDEN NAME ____

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

17. INFORMANT ____ (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE ____ DATE ____, 19__

19. UNDERTAKER ____ (ADDRESS)

20. FILED 2/20, 1933 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from ____, to ____, 19__

I last saw h. ____ alive on ____, 19__ Death is said to have occurred on the date stated above, at ____ m.

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

	Date of onset
Bronchial Pneumonia	
Following measles.	

Other contributory causes of importance:

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? ____

If so, specify ____

(Signed) ____, M. D.

(Address) ____

SUPPLEMENTARY

S-9729