

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

Do not use this space.

37021

**1. PLACE OF DEATH**

County Lafayette  
Township Mayview  
City Mayview (No.       )

Registration District No. 464  
Primary Registration District No. 4275

File No. 16  
Registered No. 15  
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 Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF         
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 2-1903  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 30 10 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home  
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) Mayview MO

13. NAME Jessie Bates

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mt. Olive MO

15. MAIDEN NAME Julia Porter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris MO

17. INFORMANT (ADDRESS) Mary Jackson

18. BURIAL, CREMATION, OR REMOVAL PLACE Funeral Home DATE Nov 10 1933

19. UNDERTAKER (ADDRESS) Ernest Hegert

20. FILED Nov 10, 1933 R. C. Schooley Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 4 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 1st 1933 to Nov 4 1933  
I last saw him alive on Nov 1st 1933 Death is said to have occurred on the date stated above, at 5:45 P.M.

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

Submucous Involucrin  
3 F  
None

Other contributory causes of importance:       

Name of operation        Date of       

(What test confirmed diagnosis? none 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) J. R. Willis M. D.  
(Address) Mayview

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.

NOV 10 1933

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

