

MAR 24 1934

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

Do not use this space.

4291

1. PLACE OF DEATH

County ClarkRegistration District No. 190

Township

Primary Registration District No. H113City Kahoka (No.)

St. Ward)

2. FULL NAME Elizabeth M. 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 F. M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Baxter Mayfield6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 26 18347. AGE YEARS 94 MONTHS 9 DAYS 9 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

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) Palestina (STATE OR COUNTRY) Ohio13. NAME George Neff14. BIRTHPLACE (CITY OR TOWN) Virginia (STATE OR COUNTRY)15. MAIDEN NAME Elizabeth Green16. BIRTHPLACE (CITY OR TOWN) Virginia (STATE OR COUNTRY)17. INFORMANT Mrs. Barrie Evans (ADDRESS) Kahoka Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Kahoka Cem. DATE Feb. 7th 193419. UNDERTAKER Fred J. Hall (ADDRESS) Kahoka Mo.20. FILED 2/7 1934 J. P. Bridges Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 5 193422. I HEREBY CERTIFY, That I attended deceased from Jan. 1st 1934 to Feb 5 1934I last saw him alive on Feb 1st 1934 Death is saidto have occurred on the date stated above, at 8:30 P.M.

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

Date of onset

Senility
97
112
Old age
arterio-sclerosis

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) J. P. Bridges, M. D.(Address) Kahoka Mo.

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.

RECORDS OF DEATHS IN MISSOURI ARE KEPT IN A PERMANENT RECORD

