

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

Do not use this space.

17833

1. PLACE OF DEATH

91 County Ripley
Township Washington
City Fandale (No. _____)

Registration District No. 754
Primary Registration District No. 599

File No. _____
Registered No. 483
St. _____ Ward _____

2. FULL NAME

Claydes Marguerite Mayberry

(a) Residence, No. _____ St. _____ Ward _____

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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF child

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 8, 1924

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
11 9 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

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) Hannibal R. R. Butler Co. Mo.

13. NAME D. Mayberry

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

15. MAIDEN NAME unknown

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

17. INFORMANT D. Mayberry (ADDRESS) at home

18. BURIAL, CREMATION, OR REMOVAL PLACE Cedar Island cem. DATE June 6, 1934

19. UNDERTAKER Minnie Gish (ADDRESS) Waverly, Mo.

20. FILED 5/31 1934 Steele Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 24, 1934 to May 31, 1934. I last saw him alive on May 31, 1934. Death is said to have occurred on the date stated above, at 10:15 p.m.

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

Tuba pneumonia
37
malaria fever
Date of onset May 22, 1934
May 20, 1934

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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 l

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Steele, M. D.
(Address) Waverly, Mo.

JUN 26 1934

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.

