

WHITE PLAINLY, 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.

56
2
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NOV 15 1934

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

Do not use this space.

36526

1. PLACE OF DEATH

County Couronne

Registration District No. 468

Township Marionville

Primary Registration District No. 5-6-29

City Marionville (No. 4281)

File No.

Registered No. 38

St. Ward)

2. FULL NAME Cora Beatrice Mayhew

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 10 1902</u>		
7. AGE	YEARS <u>32</u>	MONTHS <u>7</u>
	DAYS	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>nurse</u>	
	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
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clear Lake Iowa</u>	
	13. NAME <u>Fred J. Mayhew</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
	15. MAIDEN NAME <u>Cora Wood</u>	
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
	17. INFORMANT <u>Mr. Fred Mayhew</u> (ADDRESS) <u>Marionville Mo</u>	
18. BURIAL, CREMATION, OR REMOVAL		
PLACE <u>Marionville</u> DATE <u>10/12/34</u>		
19. UNDERTAKER <u>Wesley Bradford</u> (ADDRESS) <u>Marionville Mo</u>		
20. FILED <u>Nov. 10 1934</u> <u>Laura O. Conady</u> Registrar		

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 10 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 24th 1934 to Oct 10th 1934

I last saw her alive on Oct 10th 1934 Death is said to have occurred on the date stated above, at 3:45 p.m.

The principal cause of death and related causes of importance were as follows:
Diabetes mellitus Date of onset 1926
59
87A
39

Other contributory causes of importance:
Diabetic Phlebitis 1934

Name of operation..... Date of.....

What test confirmed diagnosis? Biopsy 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....., 1934
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) F. C. Lester, M. D.
(Address) Marionville Mo

