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

DEC 14 1934

Do not use this space.

File No. 38452

Registered No.

1. PLACE OF DEATH
County: Barton — Registration District No. 43
Township: Barton City — Primary Registration District No. 5065
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME James Jefferson Mayfield
(a) Residence, No. ..... St., ... Ward. Joplin, Mo (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-3-1876

7. AGE: Years 58 | Months 9 | Days 25 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bourbon County Kansas

FATHER
13. NAME Henry Mayfield
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boulder Co. Illinois

MOTHER
15. MAIDEN NAME Mary Segreast
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boulder County Illinois

17. INFORMANT (ADDRESS) Wilbur Mayfield Liberal, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Barton City Cem DATE Dec 2nd 1934

19. UNDERTAKER (ADDRESS) C. F. Konantz Lamar, Mo.

20. FILED 12-5, 1934 W P Peck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 28th 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., 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:

Suicide by drinking Carbolic acid. 165-0 163

Date of onset

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? Suicide Date of injury 11-28 1934
Where did injury occur? Near Hannon, Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Farm home
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. F. Konantz, Coroner
(Address) Lamar, Missouri

WRITE 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.