

APR 2 1935

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

Do not use this space.

4026

## 1. PLACE OF DEATH

County St. Louis  
Township Liger Fork  
City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward)

Registration District No. 1074 826  
Primary Registration District No. 6078

File No. \_\_\_\_\_  
Registered No. 1

## 2. FULL NAME

Welma Gertrude Mayfield  
(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.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE American 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married  
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 4 - 1901

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
33 3 3

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Domestic  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Missouri  
(STATE OR COUNTRY)

10. NAME OF FATHER Edward Day

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Shelby Co. Mo  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Lula Kinchloe

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Shelby Co. Missouri  
(STATE OR COUNTRY)

14. INFORMANT Allie Mayfield  
(Address) Bethel Mo

15. FILED Feb 15 1935 Mrs L. L. Smith REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/7 1935

17. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1934 to Jan 7, 1935 that I last saw her alive on Jan 6, 1935, and that death occurred, on the date stated above, at 10:10 a m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Double Lobar Pneumonia  
(duration) \_\_\_\_\_ yrs. mos. 23 ds.

CONTRIBUTORY (SECONDARY) Endocarditis  
(duration) \_\_\_\_\_ yrs. mos. 10 ds.

## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH at place of death

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
(Signed) S. L. Dewhurst, M. D.

Jan 8, 1935 (Address) Bethel Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Buckville Col Cemetery DATE OF BURIAL 1/9 1935

20. UNDERTAKER Grover J. Simon ADDRESS Thurmond

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.

