

JUN 3 1935

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

Do not use this space.

13946

1. PLACE OF DEATH

County Gold Registration District No. 703
Township Johnson Primary Registration District No. 5952
City (No. _____) St. _____ Ward _____

2. FULL NAME

Christopher Columbus Ayers
(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 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 Susan Ayers
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 3 1852
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 82 11 22

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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

13. NAME Alvin Ayers

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

15. MAIDEN NAME Mary Rector

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

17. INFORMANT Charlie Ayers
(ADDRESS) Humansville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Plum Grove DATE Apr 26 1935

19. UNDERTAKER Ralph A. Joseph
(ADDRESS) Humansville Mo

20. FILED Apr 26 1935 W. M. Rich
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 25 1935

22. I HEREBY CERTIFY, that I attended deceased from April 10, 1935, to Apr. 25, 1935.
I last saw him alive on April 25, 1935. Death is said to have occurred on the date stated above, at 3:45 pm.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset 4-20-35

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Cholera 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 _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Geo R. Keown, M. D.

(Address) Humansville Mo.

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.

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