

SEP 2 1 1935

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

Do not use this space.

26903

1. PLACE OF DEATH

County Lincoln
Township Harrison
City (No. _____) _____ St. _____ Ward _____

Registration District No. 486
Primary Registration District No. 3679

File No. _____
Registered No. 32

2. FULL NAME

(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.

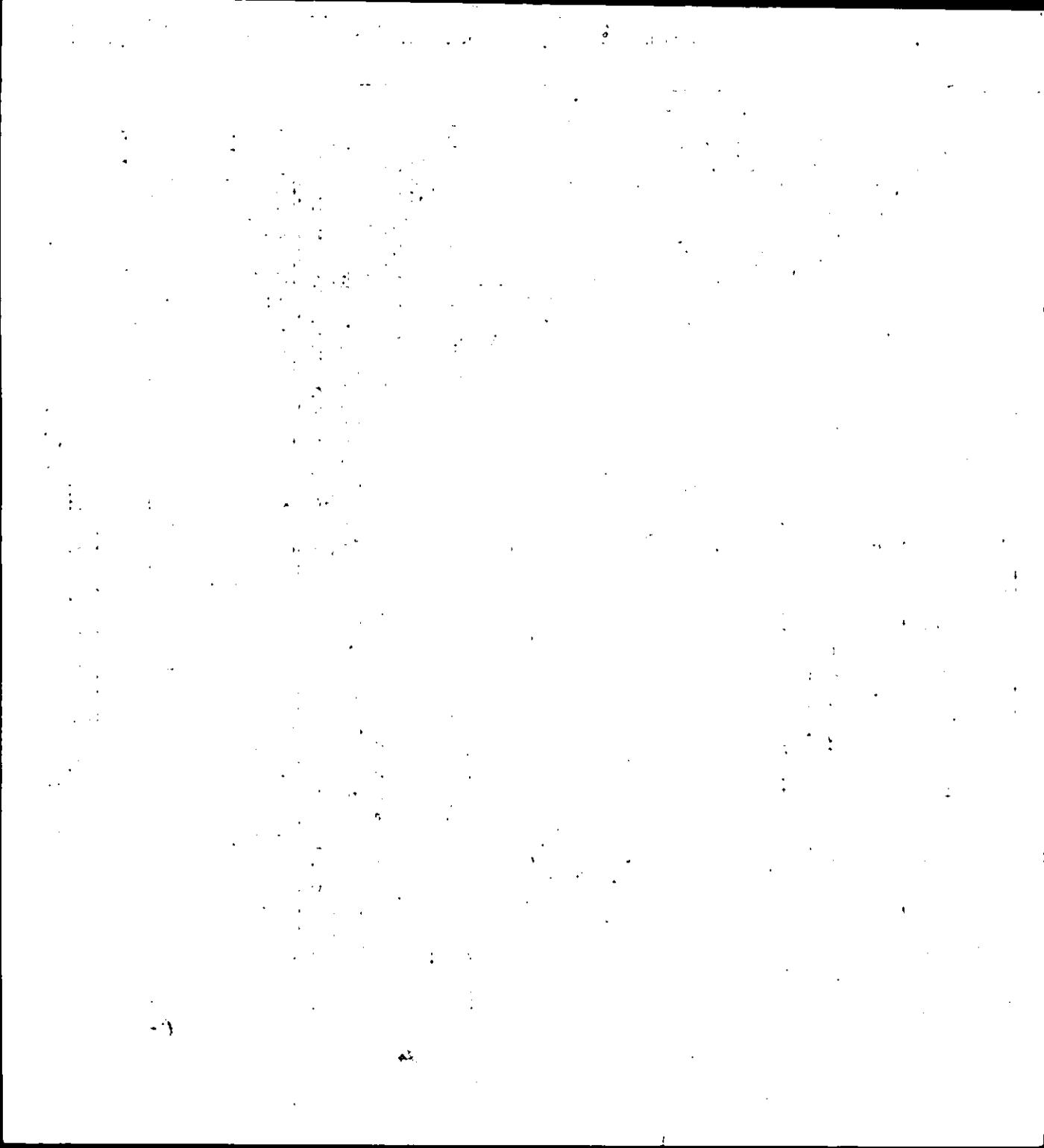
PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 19 - 1854</u>		
7. AGE YEARS <u>80</u>	MONTHS <u>10</u>	DAYS <u>7</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housework</u>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lincoln County Mo.</u>		
13. NAME <u>Martin Mayes</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>va.</u>		
15. MAIDEN NAME <u>Cardellie Palmer</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>va.</u>		
17. INFORMANT <u>Doris M. Mayes</u> (ADDRESS) <u>Blakely, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Family Cemetery</u> DATE <u>Aug 27</u> , 19 <u>35</u>		
19. UNDERTAKER <u>Clifton Miller</u> (ADDRESS) <u>Blakely, Mo.</u>		
20. FILED <u>9-18</u> 19 <u>35</u> <u>C. E. Powell</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Aug-26-</u> , 19 <u>35</u>
22. HEREBY CERTIFY, That I attended deceased from <u>July-7-</u> , 19 <u>35</u> to <u>Aug-25-</u> , 19 <u>35</u> I last saw her alive on <u>Aug-25-</u> , 19 <u>35</u> . Death is said to have occurred on the date stated above, at <u>12:00 a. m.</u> The principal cause of death and related causes of importance were as follows: <u>urine coma and Nephrotic & congestive drops</u> Other contributory causes of importance: <u>influenza - (epidemic)</u>
Name of operation _____ Date of _____ What test confirmed diagnosis? <u>renal</u> Was there an autopsy? <u>X</u>
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? <u>X</u> If so, specify _____ (Signed) <u>J. J. Stebbins</u> , M. D. (Address) <u>Blakely, Mo.</u>

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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BUREAU OF VITAL STATISTICS
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1. PLACE OF DEATH

County Lincoln Registration District No. 486 File No. _____
 Township Hurricane Primary Registration District No. 5649 Registered No. _____
 City _____ (No. _____ St. _____ Ward _____)

2. FULL NAME

Martha Washington Mayes
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S.
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
80 2 7

8. Trade, profession, or particular kind of work (as farmer, sawyer, bookkeeper, etc.) _____
 9. Industry or business in which employed (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) _____

13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19

19. UNDERTAKER (ADDRESS) _____

20. FILED Sp-13 19 35 O E Powell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 26, 1938

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:

uremia
131
 Other contributory causes of importance: Chronic nephritis & hypoglycemia
 Date of onset _____

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? _____ 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? _____
 If so, specify _____
 (Signed) _____, M. D.
 (Address) _____

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.

SUPPLEMENTARY

UNITED STATES GOVERNMENT
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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