

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

Do not use this space.

MAY 15 1936

13903

1. PLACE OF DEATH

County Adair
Township
City Kirkville (No.)

Registration District No. 4
Primary Registration District No. 3001

File No.
Registered No. 87
St. Ward)

2. FULL NAME Wayne Leroy Mahurin

(a) Residence, No. 1718 South First St., 3 Ward.

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX M. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 11 1936

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-15-1922

I last saw h..... alive on, 19..... Death is said to have occurred on the date stated above, at 3:00 P. m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 13 3 26

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy
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

Over Exertion, which excited a chronic leakage of heart causing sudden death (Chronic endocarditis)
Other contributory causes of importance:
Leakage of Heart since Three years of age.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kirkville Missouri

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

MOTHER FATHER 13. NAME Arthur Roy Mahurin

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adair Co Missouri

Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

MOTHER 15. MAIDEN NAME Edna Ophe Norman

Manner of injury.....
Nature of injury.....

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Schuyler Co Missouri

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....

17. INFORMANT A. R. Mahurin (ADDRESS) 1718 S. 1st Kirkville Mo

(Signed) Dr. R. Riley Cox M-D
(Address) Kirkville, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mulberry Cem. DATE 4-13-1936

19. UNDERTAKER Dee Riley Funeral Home (ADDRESS) Kirkville Mo

20. FILED April 17 1936 Spencer Freeman Registrar.

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.

