

NOV 10 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jasper  
Township \_\_\_\_\_  
City Carterville (No. \_\_\_\_\_)

Registration District No. 407  
Primary Registration District No. 4241

File No. 37889

Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(s) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 55 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 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 Con Mayfield

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 1, 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
58 9 9

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) no data

13. NAME John Mayfield

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

15. MAIDEN NAME Lucy Jones

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

17. INFORMANT (ADDRESS) Wm. C. Mayfield, Carterville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Carterville, Mo. DATE Oct. 13, 1937

19. UNDERTAKER (ADDRESS) Wedge-McLean Funeral Home, Mill City, Mo.

20. FILED OCT. 13, 1937 J. W. Clark Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 10, 1937

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

I last saw him dead on Oct. 11, 1937. Death is said to have occurred on the date stated above, at 7:15 P.M. 10/10/37. The principal cause of death and related causes of importance were as follows:

Heart Attack Date of onset \_\_\_\_\_

Other contributory causes of importance: None

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury \_\_\_\_\_, 19\_\_\_\_.

Where did injury occur? Carterville, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury none  
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_

(Signed) J. W. Clark, Registrar, M. D.  
(Address) Jasper, Mo.

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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