

REC'D MAR 22 1938

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

BY W. E. Kivicki

7693
Do not use this space.

1. PLACE OF DEATH

(a) County Deming Registration District No. 65-1
 (b) Township Little Prairie Primary Registration District No. 8-862 Registered No. 18
 (c) City (d) Street No. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Regena Mayo 000
 (a) Residence, No. 2411 Crill Rd. St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
about 5 - - - - -

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. ✓
 9. Industry or business in which work was done, as 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) near Caruthersville Mo

13. NAME M. A. Mayo

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

15. MAIDEN NAME Pauline Morgan

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

17. INFORMANT (ADDRESS) J. A. Mayo Caruthersville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Cemetery DATE 3-1-38

19. FUNERAL DIRECTOR (ADDRESS) H. S. Smith Caruthersville Mo

20. FILED March 4 1938 Lida Martin Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-28 1938

I HEREBY CERTIFY, that I attended deceased from Feb 27 1938, to Feb 28, 1938

I last saw h. e. alive on Feb 28, 1938 Death is said to have occurred on the date stated above, at 2:30 p.m.

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

Meningitis 796

Other contributory causes of importance:

unable to determine type

Name of operation Date of operation

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) W. E. Kivicki M. D.

585 (Address) Caruthersville Mo.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)