REC'D APR 19 1938

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

10655
Do not use this space.

1. PLACE OF DEATH
(a) County Franklin — Registration District No. 293
(b) Township Boles — Primary Registration District No. 4177 — Registered No.
(c) City Pacific — (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? 70 yrs. mos. ds.

2. PRINT FULL NAME ----------FRED J. MAYLE---400----------
(a) Residence, No. Pacific, Missouri. 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: 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 Nannie Mayle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August, 28, 1862.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
76	6	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Merchant.
9. Industry or business in which work was done, as saw mill, bank, etc. Confectionary
10. Date deceased last worked at this occupation (month and year) Jan. 1932
11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

FATHER
13. NAME David Mayle 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) C. F. Mayle Pacific, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pacific, Mo. DATE Mar. 27, 1938

19. FUNERAL DIRECTOR (NAME) John L. Thiebes (ADDRESS) Pacific, Mo.

20. FILED 3-30, 1938 Mary B. Gross Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 25, 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from December, 1937, to March 25, 1938
I last saw him alive on March 25, 1938 Death is said to have occurred on the date stated above, at 5:30 AM
The principal cause of death and related causes of importance were as follows:

Date of onset

Coronary thrombosis

Other contributory causes of importance:
General arteriosclerosis
Ulcerated legs - due
varicose veins

Name of operation ..... Date of .....
What test confirmed diagnosis? clinical 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) Jesiden Ecker, M. D.
216 (Address) Pacific Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Jno L Thielies

Licensed Embalmer No. 3008

P. O. Address Pacific Mo

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

If this body is not embalmed, above space should be left blank.