

REC'D APR 12 1938

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

Do not use this space.

## 1. PLACE OF DEATH

County Johnson  
Township Rose Hill  
City (No. ....) St. .... Ward (No. ....)Registration District No. H37  
Primary Registration District No. 5594File No. 11197  
Registered No. ....

## 2. FULL NAME

John Mayfield 143(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. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min. 758. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Day Laborer9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Day Laborer10. Date deceased last worked at this occupation (month and year) Mar 13 1938 11. Total time (years) spent in this occupation Life12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown13. NAME Unknown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT (ADDRESS) H. E. Ewing18. BURIAL, CREMATION, OR REMOVAL PLACE Leavenworth Kansas 3/14/3819. UNDERTAKER (ADDRESS) J. H. Murray  
Holden, Mo.20. FILED Mar 13, 1938 Anna M. Coleman  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 12 193822. I HEREBY CERTIFY That I attended deceased from was called at the place of his death. 1938 to 8 1938  
I last saw him alive on 8 1938 Death is saidto have occurred on the date stated above, at 10:20 a.m.

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

Coronary Atherosclerosis

Date of onset

Other contributory causes of importance: 94Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 1938Where 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? noIf so, specify N. L. Gille M. D.(Signed) Holder (Address) Holder Mo

WRITE PLAINLY, WITH UNFADING INK...THIS IS A PERMANENT RECORD

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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