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.

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

REC'D APR 22 1938

Do not use this space.

11987

1. PLACE OF DEATH
County St. Francois
Township St. Francois
City Flat River (No. ..... St. ..... Ward)
Registration District No. 774
Primary Registration District No. 4465
File No. 767
Registered No. .....

2. FULL NAME Mrs Mayford (nee Blanche Mae 5[illegible]) Smith
(a) Residence, No. Flat River 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mayford Smith
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 23, 1917
7. AGE YEARS 21 MONTHS 1 DAYS 2 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home
10. Date deceased last worked at this occupation (month and year) 3-28-38
11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Granite Ville Mo.

FATHER
13. NAME Thomas J. Bayless
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Elizabeth McGeorge
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

17. INFORMANT (ADDRESS) Bessie Bayless Doe run Missouri
18. BURIAL, CREMATION, OR REMOVAL
PLACE Doe run C. DATE Mar. 27 1938
19. UNDERTAKER (ADDRESS) C. Z. Boyer Desloge Missouri
20. FILED 4/7 1938 C B Farrar Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-25 1938
22. I HEREBY CERTIFY, That I attended deceased from March 22, 1938, to March 25, 1938
I last saw her alive on 3/25, 1938. Death is said to have occurred on the date stated above, at 2300 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Encephalo myelitis	3/22 38
with measels	3/16 38

Other contributory causes of importance: 7

Name of operation — Date of —
What test confirmed diagnosis? Lab. [illegible] 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) W. P. Duckworth, M. D.
(Address) Desloge Mo