JAN 1 1 1939

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

Do not use this space.

File No. 44618

Registered No.

1. PLACE OF DEATH

100 County Scott 2 Registration District No. 821

Township Primary Registration District No. 4553

11 City Sikeston Mo (No. , St. Ward)

2 2. FULL NAME 160 Mrs. Lena Mayberry

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Silas Mayberry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 29, 1863

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
75	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

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): Marble Hill, Mo. O

FATHER

13. NAME: Phillip Thomas

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown G

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown G

17. INFORMANT (ADDRESS): Jeff B. Thomas, Cape Girardeau, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Memorial Park DATE Dec. 3 1938

19. UNDERTAKER (ADDRESS): G. A. Dempster, Sikeston, Mo.

20. FILED 12-14 1938 GWH Presnell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1938, to Nov. 30, 1938

I last saw her alive on Nov. 30, 1938. Death is said to have occurred on the date stated above, at m.

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

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance: 82 A1

Hypertension

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?

If so, specify

(Signed) GWH Presnell, M. D.

(Address) Sikeston, Mo

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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.