

REC'D MAR 9 1939

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

Do not use this space.

6892

1. PLACE OF DEATH
 49 County Jasper Registration District No. 413 File No. _____
 Township Mineral Primary Registration District No. 5559.C. Registered No. 8
 City W.B. Hospital (No. WEBB CITY, MO.) St. _____ Ward _____

2. FULL NAME Tom H. Mayer
 (a) Residence, No. 907 Ohio St. Ward Jasper
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. 7 mos. 5 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

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 Clyda Mayer
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 30 - 1873
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
66 6 2

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Miner
 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) Washington - Co - Ark

FATHER
 13. NAME Charles Mayer
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) S. Carolina

MOTHER
 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT (ADDRESS) Rea Mayer
Galena, Kansas

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview Cem DATE Feb 3 1939

19. UNDERTAKER (ADDRESS) Thornhill - Dyer of Mortuary
Jasper

20. FILED FEB. 3. 39. 19 _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 1 1939
 22. I HEREBY CERTIFY, That I attended deceased from Nov 28 1938, to Feb 1 1939.
 I last saw him alive on Feb 1 1939. Death is said to have occurred on the date stated above, at 11:35 a.m.
 The principal cause of death and related causes of importance were as follows:

Pulmonary
Septic Pulmonitis
 Other contributory causes of importance: 28
 Name of operation None Date of _____
 What test confirmed diagnosis? Roentgen 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? Yes
 If so, specify Miner
 (Signed) Jesse E. DeYoung, M. D.
 (Address) Webb City, Mo.

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.

RECEIVED

District Health Officer No. 6,

District File Number 6-39-470

Date Filed MAR 4 1939