

REC'D JUL 17 1939

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

22284
Do not use this space.

1. PLACE OF DEATH

- (a) County Iron Registration District No. 393
(b) Township Kaolin Primary Registration District No. 5550
(c) City Goodland-Mo. (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? yrs. mos. ds.

2. PRINT FULL NAME Oliver Houston Mayfield

- (a) Residence, No. Goodland Mo. St. (If nonresident, give city, or town and State)
(Usual place of abode, if no street address, write county or city)

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 Irene Mayfield		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 3 1884		
7. AGE YEARS 54	MONTHS 5	DAYS 23
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer	
	9. Industry or business in which work was done, as 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) Goodland Mo (STATE OR COUNTRY)		
FATHER	13. NAME John Mayfield	
	14. BIRTHPLACE (CITY OR TOWN) Tenn (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME Margrete Reed.	
	16. BIRTHPLACE (CITY OR TOWN) Mo (STATE OR COUNTRY)	
17. INFORMANT Walter Mayfield (ADDRESS) Goodland Mo.		
18. BURIAL, CREMATION, OR REMOVAL PLACE Goodland Mo DATE 6-26-39 19		
19. FUNERAL DIRECTOR (NAME) Norman White & Sons. (ADDRESS) Ironton Mo.		
20. FILED July 10, 1939 Mrs. Ina Valner Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 23 1939**

22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on **June 23 1939** Death is said to have occurred on the date stated above, at **1:30 P.M.**

The principal cause of death and related causes of importance were as follows:
Carcinoma stomach metastasis liver and spinal cord

Other contributory causes of importance: **46**

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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): **E. J. Presswell** M. D.
Address: **P. P. P. P.**

(Licensed Embalmer's Statement on Reverse Side)

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.

1 X16605

Miss V. V. V.

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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