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MARGIN RESERVED FOR BINDING

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

8010

State File No.

Registration District No. 773 Primary Registration District No. 6018A Registrar's No. 38

1. PLACE OF DEATH:

(a) County St. Francois St Fr...

(b) City or town Near Farmington (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital No. 4 (If not in hospital or institution, write street number or location) 3

(d) Length of stay: In hospital or institution 5 mos. 12 days (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi

(c) City or town Charleston. (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Arthur Mayo

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Robertie Mayo Adams

6. (c) Age of husband or wife if alive unknown years

7. Birth date of deceased Oct. (Month) 1 (Day) 1889 (Year)

8. AGE: Years	Months	Days	If less than one day
50	4	9	hr. min.

9. Birthplace Sardis (City, town, or county) Tennessee (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name John Mayo
13. Birthplace Sardio (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name Manda Oneil
15. Birthplace Decatur Co. (City, town, or county) Tennessee (State or foreign country)

16. (a) Informant's own signature Recrods of Hospt. #4

(b) Address Farmington, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof ? Feb 12 40 (Month) (Day) (Year)

(c) Place: burial or cremation ? Charleston Mo.

18. (a) Signature of funeral director Cozean Funeral Home (Charleston)

(b) Address Farmington, Mo.

19. (a) Feb 11-40 (Date received local registrar) (b) T. S. Robinson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 10 year 1940 hour 8 minute 20 A. M.

21. I hereby certify that I attended the deceased from 8-28, 1939, to 2-10, 1940; that I last saw him alive on 2-9, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
General paralysis of Insane (paresis)	
Terminal exhaustion	Un.
Due to Generalized arteriosclerosis.	
Syphilis.	
Due to Hypertensive heart disease.	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations no

Of autopsy no

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no (Specify type of place)

While at work? (e) Means of injury

23. Signature G. Tivis Graves, Jr. (M. D. or other) M. D.

Address Farmington, Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

V. S. No. 2. 50M-5-17-39 Rev. 5-17-39 I X19511

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 me, Registered Apprentice No. , working under my personal supervision.

Signed Nellie Harter

Licensed Embalmer No. 2969

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.