

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

Do not use this space.

14439

1. PLACE OF DEATH

County Butler Registration District No. 89
 Township Getwell 2 Primary Registration District No. 5131
 City Quincy Mo (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 92

2. FULL NAME

James Edward Mayo
 (a) Residence, No. Quincy Mo St. #1 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. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 10, 1940

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
4 1 22

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. _____
 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) Poplar Bluff Mo

13. NAME Marion Mayo

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Heard Mo

15. MAIDEN NAME Josephine M. Cairns

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fredricktown Mo

17. INFORMANT Marion Mayo
 (ADDRESS) Poplar Bluff Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Mole Hill Cemetery DATE 4-3-40 19.

19. UNDERTAKER Frank Wnd. Co. (ADDRESS) Poplar Bluff Mo

20. FILED 4/3 1940 Obituary Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 2, 1940

22. I HEREBY CERTIFY, That I attended deceased from Apr 2, 1940, to Apr 2, 1940
 I last saw him alive on Apr 2, 1940. Death is said to have occurred on the date stated above, at 11:30 A.M.
 The principal cause of death and related causes of importance were as follows:

Starvation since birth
150
 Other contributory causes of importance: Feeding Problem

Name of operation _____ Date of _____
 What test confirmed diagnosis? Plum 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) Frank Wnd. Co. M. D.
 (Address) Poplar Bluff 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.

MAY 13 1940

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed

Scott A. Bennett

Mo. Licensed Embalmer No. 3567
Poplar Bluff, Mo.