

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 13 1940

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

Do not use this space.

15602

1. PLACE OF DEATH
 County Newton Registration District No. 1608
 Township Franklin Primary Registration District No. 0807
 City Stella (No.) St. Ward)
 2. FULL NAME Josephine Louise Mayfield
 (a) Residence, No. Anderson Mo. St. 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 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) Dec 20 - 1937
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
19 25
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child
 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) Mo. 6
 MOTHER 13. NAME James Mayfield 6
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 6
 15. MAIDEN NAME Ruby Drake
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
 17. INFORMANT Jamies Mayfield
 (ADDRESS) Anderson Mo
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Green Burch DATE 8-16 1940
 19. UNDERTAKER Tatum Funeral Home
 (ADDRESS) Anderson Mo.
 20. FILED 5-4 1940 Ada Collins
 Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-15-1939
 22. I HEREBY CERTIFY, That I attended deceased from 8-15, 1939, to 8-15, 1939
 I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 7:30 A.m.
 The principal cause of death and related causes of importance were as follows:
Representary
 Other contributory causes of importance: BC
 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) Cardwell M. D.
 (Address) Stella Mo

