

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

Do not use this space.

6250

**1. PLACE OF DEATH**

County..... Henry ..... Registration District No. 355  
 Township..... David ..... Primary Registration District No. 5497  
 City..... La Rue (No. ....) ..... St. .... (Ward) .....

File No. ....  
 Registered No. 2

**2. FULL NAME**

Mary Eliza Mayer  
 (a) Residence, No. .... St. .... Ward. ....  
 (Usual place of abode)

Length of residence in city or town where death occurred 55 yrs. .... mos. .... ds. How long in U.S., if of foreign birth? yrs. .... mos. .... ds.

**PERSONAL AND STATISTICAL PARTICULARS**

2. SEX Female | 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 George W. Mayer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 4, 1846

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
82 | 6 | 22 | 0 hrs. 0 min.

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work at home - invalid  
 (b) General nature of industry, business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

10. NAME OF FATHER Nicholas Bryan

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) W. Va

12. MAIDEN NAME OF MOTHER Senora Davidson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) W. Va

14. INFORMANT Mrs. Emma Angle  
368 Address Clinton, Mo

15. FILED 3-1, 1929 WE Baggerly REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 26 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1929, to Feb. 26, 1929 that I last saw her alive on Feb. 26, 1929, and that death occurred, on the date stated above, at 11:50 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
97 Arterio-sclerosis

CONTRIBUTORY (SECONDARY) 918 (duration) yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH... no DATE OF...  
 WAS THERE AN AUTOPSY... no

WHAT TEST CONFIRMED DIAGNOSIS...  
 (Signed) WE Baggerly, M. D.  
2-27, 1929 (Address) La Rue, Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bear Creek Cem DATE OF BURIAL 2-28 1929

20. UNDERTAKER F. Sannarty ADDRESS Montrase

K. 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.

MAR 22 1929

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RECORD

