

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

Do not use this space.

24418

1. PLACE OF DEATH

County Shannon Registration District No. 351
Township Shannon Primary Registration District No. 4205
City Harrodsburg (No. _____) St. _____ (Ward _____)

File No. _____
Registered No. 9

2. FULL NAME

J. H. Mayfield
(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 10 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. SINGLE MARRIED, WIDOWED OR DIVORCED (circle the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs J. H. Mayfield

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 26, 1868

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
62 8 5

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer W. S. Dickey Clay Mfg Co

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dallas Co. Mo

10. NAME OF FATHER James Mayfield

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

12. MAIDEN NAME OF MOTHER Martha Miles

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

14. INFORMANT Bessie Mayfield (Address) Harrodsburg Mo

15. FILED July 9, 1929 J. H. Kussel REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 1, 1929

17. I HEREBY CERTIFY that I attended deceased from July 1, 1929 until July 3, 1929 that I last saw him alive on July 3, 1929, and that death occurred, on the date stated above, at 7:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocardial infarction (Heart)
State

820 (duration) yrs. mos. da. 1110
CONTRIBUTORY (SECONDARY) High Blood Pressure

18. WHERE WAS DISEASE CONTRACTED Mo

IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? _____ Date of _____

20. WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) L. H. Taylor M. D. July 1, 1929 (Address) Harrodsburg 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 Port Washington Va DATE OF BURIAL 7/2, 1929

20. UNDERTAKER John Hunt Harrodsburg ADDRESS _____

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.

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1929

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