

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.

JUL 25 1931

Dr. Mayfield.

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

Do not use this space.

22146

1. PLACE OF DEATH

County Mississippi Registration District No. 5467
Township St. James Primary Registration District No. 5763
City Jeff Bruce (No.) St. Ward

File No.

Registered No. 60

2. FULL NAME

(a) Residence, No. St. Ward
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u> </u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 15 1859</u>		
7. AGE YEARS <u>72</u>	MONTHS <u>9</u>	DAYS <u>9</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</u>		11. Total time (years) spent in this occupation <u> </u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>		10. Date deceased last worked at this occupation (month and year) <u> </u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky</u>		
13. NAME <u>Dont know</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u> </u>		
15. MAIDEN NAME <u>Dont know</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u> </u>		
17. INFORMANT <u>W. B. Parks</u> (ADDRESS) <u>Richmond mo etc 2</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Dogwood</u> DATE <u>June 24 1931</u>		
19. UNDERTAKER <u>Louis Shelby</u> (ADDRESS) <u>East frame line</u>		
20. FILED <u>6-24-31</u> <u>Cluff M. Hodges</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24 1931

22. I HEREBY CERTIFY That I attended deceased from about June 20, 1931, to June 24, 1931
I last saw him alive on June 22, 1931 Death is said to have occurred on the date stated above, at 2:40 p.m.
The principal cause of death and related causes of importance were as follows:
Valvular Insufficiency of heart
921A
13C
Dysuria

Other contributory causes of importance:

Name of operation Date of June 20 1931
What test confirmed diagnosis? Clueval Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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) W. A. Mayfield, M. D.
(Address) Richmond Mo

Date of onset

