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.

28 1931

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

Do not use this space.

25623

1. PLACE OF DEATH

County Marion — Registration District No. 547 — File No.

Township Marion — Primary Registration District No. 3029 — Registered No. 196

City Hannibal (No. Levering Hospital St. 5 Ward)

2. FULL NAME John Ayers

(a) Residence, No. Cor. Quincy & Walnut St., 4 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

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) March 9, 1868

7. AGE — YEARS 63 — MONTHS 3 — DAYS 27 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 18 yrs ago

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hannibal Mo

FATHER

13. NAME George Ayers

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

MOTHER

15. MAIDEN NAME Mary Tyler

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

17. INFORMANT (ADDRESS) Mr. Harry C. Ayers, Hannibal Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt. Olivet Cemetery DATE 7-8- 1931

19. UNDERTAKER (ADDRESS) James O'Donnell, Hannibal Mo

20. FILED July 9 1931 C. Clousins Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-6- 1931

22. I HEREBY CERTIFY, That I attended deceased from June 22 1931, to July 6 1931

Last saw him alive on July 6 1931. Death is said to have occurred on the date stated above, at 7 30 p.m.

The principal cause of death and related causes of importance were as follows:

Mitral Insufficiency

92A

Other contributory causes of importance:

Uremia

Date of onset: [illegible] year ago

Name of operation — Date of —

What test confirmed diagnosis? Gal syphilis 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? —

If so, specify —

(Signed) A. L. Shanks, M. D.

(Address) Hannibal Mo