

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

Do not use this space.

13022

1. PLACE OF DEATH
 51 County Johnson. Registration District No. 431
 6 Township Warrensburg. Primary Registration District No. 2023
 7 City Warrensburg. (No. _____ St. _____ Ward _____)

2. FULL NAME Texana O. Mayes.
 (a) Residence, No. 300 G. Culton 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

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. H. Mayes.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 12, 1844.

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
87	8	4	

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

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) Va. 2

FATHER 13. NAME W. H. Wayland.

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

MOTHER 15. MAIDEN NAME Mary C. Crank.

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

17. INFORMANT Frank Mayes.
(ADDRESS) Warrensburg. Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Mayes Cem. DATE April 17, 1932

19. UNDERTAKER Sweet Phillips.
(ADDRESS) Warrensburg

20. FILED April 18, 1932 M. Patterson
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April. 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1932 to April 16, 1932.
 I last saw her alive on April 16, 1932. Death is said to have occurred on the date stated above, at 8 A.M.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset _____
April 1 - 1932
82A
 Other contributory causes of importance: sum
9
 Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical 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? no
 If so, specify _____
 (Signed) L. J. Clifton, M. D.
 (Address) Warrensburg, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MAY 25 1932

