

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

Do not use this space.

5787

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Law Primary Registration District No. General Hosp # 20002
 City Kansas City (No. General Hosp # 20002)
 File No. 730
 Registered No. 730
 St. _____ Ward _____

2. FULL NAME William Mayfield
 (a) Residence, No. 2516 - E. 44th St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 15 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 Negro
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8, 1895

7. AGE YEARS 37 MONTHS 8 DAYS 1
 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
 OCCUPATION 32
108
69

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) Texas

FATHER
 13. NAME George Mayfield
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

MOTHER
 15. MAIDEN NAME Marie Frank
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

17. INFORMANT (ADDRESS) Record Clerk Gen. Hosp. #2 K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE February 14 1933

19. UNDERTAKER (ADDRESS) Stattins Bros. Ind. Co. 17 29th St. Kansas City

20. FILED 2-14 1933 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-9-33, 19

22. I HEREBY CERTIFY, That I attended deceased from 1-31-33 19, to 2-9-33 19.
 I last saw him alive on 2-9-33, 19. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Acute Military Tuberculosis (Date of onset)
Lobar Pneumonia
 Other contributory causes of importance: L. P. A.
L. P. A.

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical Laboratory, Mo.

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) J. O. Thomas, M. D.
 (Address) _____

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

MARGIN RESERVED FOR BINDING

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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19

2
2
2

