

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.

APR-25 1934

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

Do not use this space.

10671

**PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City **St. Louis** (No. **3817 North Market St.**) St. **2493** Ward)

**2. FULL NAME**

**Rowena Mayhugh**  
 (a) Residence, No. **3817 North Market St.** Ward. **11**  
 (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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF **John Mayhugh**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Mar. 25, 1846**

7. AGE YEARS **87** MONTHS **11** DAYS **13** If LESS than 1 day, ..... hrs. or ..... min.

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

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) **Kentucky**

13. NAME **Thomas Gummer**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Kentucky**

15. MAIDEN NAME **Don't know**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Kentucky**

17. INFORMANT (ADDRESS) **Maggie Marlow 3807 N. Market St.**

18. BURIAL, CREMATION, OR REMOVAL **Waltham Cem. Mar. 12, 1934**

19. UNDERTAKER (ADDRESS) **J. J. Clark 1225 N. Hammond Ave.**

20. FILED **MAR 12 1934 J. Brebeck Registrar.**

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Mar. 10, 1934**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 18** 19**30** to **March 10** 19**34**

I last saw him alive on **3-9** 19**34**. Death is said to have occurred on the date stated above, at **8:30 P. M.**

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

**chronic myocarditis** Date of onset **?**

Other contributory causes of importance: **senility**

Name of operation **none** Date of

What test confirmed diagnosis? **Chrom.** 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) **W. H. Foster**, M. D.

(Address) **4125 R Easton**

Franklin N. Taylor

4125<sup>a</sup> Eastern Ave.

Franklin 5836

5270 Res. 4139 Chautau