

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

30406

1 PLACE OF DEATH
County Martin

Vol. Pst. _____

Registration District No. 1093

Inc. Town _____

Primary Registration District No. 2456City Murphy No. _____

St. _____ Ward _____

2 FULL NAME John W. Mayschaffer

File No. _____

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 Single Married Widowed or Divorced (Write the word) Married6 DATE OF BIRTH October 7, 1857
(Month) (Day) (Year)7 AGE 68 yrs. 2 mos. 3 ds.
IF LESS than 1 day _____ hrs. or _____ min?8 OCCUPATION
(a) Trade, profession or particular kind of work Timber Man
(b) General nature of industry, business or establishment in which employed (or employer) _____9 BIRTHPLACE (State or country) New York City10 NAME OF FATHER Unknown11 BIRTHPLACE OF FATHER (State or country) New York City12 MAIDEN NAME OF MOTHER Forsyth13 BIRTHPLACE OF MOTHER (State or country) New York City

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Henry Addington
(Address) Central City, Ky.15 Filed 12/13/25 W. D. Wickliffe Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH December 10, 1925
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Dec 10, 1925, to Dec 10, 1925, that I last saw him alive on Dec 10, 1925, and that death occurred on the date stated above at 6 A.M.The CAUSE OF DEATH* was as follows:
Chronic Myocarditis
with acute dilatation(Duration) 2 yrs. _____ mos. _____ ds.
Contributory Acute Alcoholism
(Secondary)(Duration) _____ yrs. _____ mos. _____ ds.
(Signed) Chas. Wilson M. D.
12/10, 1925 (Address) Murphy

*State the Disease Causing Death, or, in deaths from Violent Causes state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

at place _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.
Where was disease contracted,if not at place of death? _____
Former or usual residence _____19 PLACE OF BURIAL OR REMOVAL Huntington, Indiana DATE OF BURIAL 12/13, 192520 UNDERTAKER Chas. L. Rank ADDRESS Greenville, Ky.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

A. 2.—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. See instructions on back of certificate.

REPRODUCED FROM THE ORIGINAL RECORD