

STATE OF WISCONSIN  
DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
DIVISION OF HEALTH

STATE FILING DATE

STATE DEATH NO.

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LOCAL FILE NUMBER 318 ORIGINAL CERTIFICATE OF DEATH

DECEASED—NAME 1. <b>TVA MAE MAYFIELD</b>			SEX 2. <b>Female</b>	DATE OF DEATH 3. <b>December 15, 1976</b>		
RACE—White, Negro, American Indian, Etc. 4. <b>White</b> (Specify)			Age Last Birthday 5a. <b>97</b>	Under One Year 5b.	Under One Day 5c.	DATE OF BIRTH 6. <b>March 26, 1879</b>
NAME OF CITY, VILLAGE (Location of Death) 7b. <b>Platteville</b>			Inside City or Village Limits 7c. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	HOSPITAL OR OTHER INSTITUTION—NAME (If Not in Either Give Street and Number or Location) 7d. <b>Parkview Terrace</b>		
STATE OF BIRTH (If Not in U.S.A., Name Country) 8. <b>Kansas</b>		CITIZEN of What Country 9. <b>U.S.A.</b>		10. <input checked="" type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		SURVIVING SPOUSE (If Wife, Give Maiden Name) 11. <b>-</b>
SOCIAL SECURITY NO. 12. <b>387-68-7568</b>		USUAL OCCUPATION Give Kind of Work During Most of Working Life Even if Retired 13a. <b>Housewife</b>		KIND OF BUSINESS OR INDUSTRY 13b. <b>Own Home</b>		
RESIDENCE: STATE 14a. <b>Wisconsin</b>	COUNTY 14b. <b>Iowa</b>	NAME OF CITY, VILLAGE (If Neither, Name Township) 14c. <b>Dodgeville</b>		Inside City or Village Limits 14d. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	MAILING ADDRESS (Home Address at Time of Death) 14e. <b>610 N Union St.</b>	
FATHER—NAME 15. <b>William Abbey</b>			MOTHER—MAIDEN NAME 16. <b>Ida Blake</b>			
INFORMANT—NAME 17a. <b>Mrs. Robert Trace</b>			MAILING ADDRESS Street or R.F.D. No. City or Village State Zip 17b. <b>Rt. #2 Dodgeville, Wisconsin 53533</b>		17c. WAS DECEASED EVER IN U.S. ARMED FORCES? (If Yes, Give War or Dates of Service) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
18. PART I DEATH WAS CAUSED BY — Enter Only One Cause Per Line For (A), (B), and (C)						
Conditions, if Any, A. Immediate Cause: <b>PNEUMONIA</b>					Duration <b>48 hrs</b>	
B. Due to, or as a consequence of: <b>PROLONGED INCAPACITATION</b>						
C. Consequence of:						
PART II OTHER SIGNIFICANT CONDITIONS: Conditions Contributing to Death but not Related to Cause Given in Part I (A) <b>ASCVD, ASHD, Chronic Colitis</b>				AUTOPSY (Specify) 19a. <input type="checkbox"/> Yes <input type="checkbox"/> No	WERE AUTOPSY FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? 19b. <input type="checkbox"/> Yes <input type="checkbox"/> No	
20a. <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE		DATE OF INJURY 20b. Month Day Year	Hour 20c. M.	HOW INJURY OCCURRED (Enter Nature of Injury in Part I or Part II, Item 18)		
INJURY AT WORK 20e. <input type="checkbox"/> Yes <input type="checkbox"/> No		PLACE OF INJURY (Home, Farm, Street, Factory, Etc.) 20f. (Specify)		LOCATION Street or R.F.D. No. City or Village State Zip		
CERTIFICATION—Month Day Year 21a. Attended The Deceased From To <b>Dec 15 76</b>			AND LAST SAW HIM/HER ALIVE ON 21c. Month Day Year <b>Dec 14 76</b>		DID YOU VIEW THE BODY AFTER DEATH 21d. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
CERTIFICATION—MEDICAL EXAMINER OR CORONER: On The Basis of The Examination of The Body and/or The Investigation, In My Opinion, Death Occurred on The Date and Due To The Cause(s) Stated. 22a.			HOUR OF DEATH 22b. <b>9:30A</b>			
THE DECEDENT WAS PRONOUNCED DEAD 22c. Month Day Year Hour <b>Dec 14 76 10A</b>						
CERTIFIER—NAME (Type or Print) 23a. <b>C.H. Steidinger MD</b>		SIGNATURE—CERTIFIER 23b. <b>C.H. STEIDINGER</b>		Title	DATE SIGNED Month Day Year 23c. <b>Dec 18 76</b>	
MAILING ADDRESS—CERTIFIER 23d. <b>1370 No Water St Platteville W. 53818</b>						
24a. <input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL		CEMETERY OR CREMATORY—NAME 24b. <b>East Side Cemetery</b>		LOCATION City State 24c. <b>Dodgeville, Wisconsin</b>		
BURIAL—DATE Month Day Year 24d. <b>Dec. 19, 1976</b>		FUNERAL HOME—NAME AND ADDRESS Street or R.F.D. No. City or Village State Zip 25a. <b>Lulloff-Peterson Funeral Home 126 Diagonal Dodgeville, Wis. 53533</b>				
FUNERAL DIRECTOR—SIGNATURE 25b. <b>Paul Ramey 4228</b>			REGISTRAR—SIGNATURE 26a. <b>Paul B. Cardin, R. PH.</b>		DATE RECEIVED By Local Registrar Month Day Year 26b. <b>Dec. 24, 1976</b>	

STATE OF WISCONSIN } ss  
COUNTY OF IOWA

This document having been compared by me with the original on file and of record in my office, is a true copy thereof

Attest August 6 2003  
*Dixie L. Edge*  
DIXIE L. EDGE, Register of Deeds