

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

Do not use this space.

16143

1. PLACE OF DEATH

County Buchanan
Township Center
City St. Joseph, Mo. (No. R.F.D. # 5)

Registration District No. 80
Primary Registration District No. 5-119
St. _____ Ward _____

File No. _____
Registered No. 10

2. FULL NAME

(a) Residence. No. R.F.D. # 5 St. _____ Ward _____
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. 0 mos. 0 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Emma Mays

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 29, 1843

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
84 | 11 | 22 | — hrs. — min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) ✓
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Green County, Kentucky
(STATE OR COUNTRY)

10. NAME OF FATHER Zeno Mays

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Virginia

12. MAIDEN NAME OF MOTHER Emaline Marshall

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Kentucky

14. INFORMANT Dr. J. W. Mays
(Address) Box 1, Edmond St. Joseph, Mo.

15. FILED 5/22, 1928 Etta A. Powell
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 21, 1928

17. **HEREBY CERTIFY**, That I attended deceased from April 15, 1928, to May 21, 1928, and that (last saw him alive on May 20, 1928), and that death occurred, on the date stated above, at 1:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic interstitial nephritis

19. PLACE OF BURIAL, CREMATION, OR REMOVAL 1290 Artemision
(SECONDARY) (duration) 3 yrs. — mos. — ds.

(duration) 2 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) W. S. Hull, M. D.

5-22, 1928 (Address) St. Joseph, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Spartan Cemetery DATE OF BURIAL May 23, 1928

20. UNDERTAKER Fleeman Funeral Home ADDRESS 1208 Francis St. Joseph, Mo.

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.

