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.

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

Do not use this space.

43253

1. PLACE OF DEATH

County St. Louis — Registration District No. 791 — File No.

Township — Primary Registration District No. 1003 — Registered No. 12560

City St. Louis (No. 500, So. Kingshighway St. Ward)

2. FULL NAME Mary Ann Mays

(a) Residence. No. Washington Mo. St., 12 Ward. (Usual place of abode) Washington Mo (If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): —

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8-19-1928

7. AGE — YEARS: — MONTHS: 4 DAYS: 5 — If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: —
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Washington (STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Frank G. Mays
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Cedar Springs (STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Margie Spelman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Sturgeon (STATE OR COUNTRY) Mo.

14. INFORMANT L. McLeod Kill (Address) 500 So. Kingshighway

15. FILED FEB 21 1929, 19__ Max C. Starkey REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-24 1928

17. I HEREBY CERTIFY, That I attended deceased from 12-23, 1928, to 12-24, 1928, that I last saw her alive on 12-24, 1928, and that death occurred, on the date stated above, at 12:50 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

89A
80B
Otitis media - acute bilateral
(duration) yrs. 1 mos. 15 ds.

CONTRIBUTORY (SECONDARY) Mastoiditis - acute - bilateral
About (duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Home
DID AN OPERATION PRECEDE DEATH? Yes DATE OF 12-23-28
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Examination - operation

(Signed) J. C. Edwards, M.D.
12-24, 1928 (Address) 500 S. Kingshighway

*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: Sturgeon, Mo. — DATE OF BURIAL: 12-25-28

20. UNDERTAKER: Otto & Co. — ADDRESS: Washington Mo