

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

Do not use this space.

2674

1. PLACE OF DEATH

County New Madrid
Township.....
City..... (No.....)

Registration District No. 604
Primary Registration District No. 5702

File No. 18
Registered No.....
St..... Ward)

2. FULL NAME

Ella Mays

(a) Residence. No..... St.,..... Ward.....
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) about 1874

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>55</u>	<u>5</u>	<u>2</u>	<u>1</u>	<u>-</u>

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Keeping
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN; STATE OR COUNTRY) Hadley Sping Miss

10. NAME OF FATHER Henry Jacob

11. BIRTHPLACE OF FATHER (CITY OR TOWN; STATE OR COUNTRY) Miss

12. MAIDEN NAME OF MOTHER John Mays

13. BIRTHPLACE OF MOTHER (CITY OR TOWN; STATE OR COUNTRY) Wink

14. INFORMANT O M Mays
(Address) Newbone Mo

15. FILED 1/29/29 W. W. Zimmerman
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-27-1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 5, 1929 to Jan 27, 1929 that I last saw him alive on Jan 26, 1929, and that death occurred, on the date stated above, at 12-30 AM.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Heart failure - from myeloid & aortic valve lesions.
9 2/3 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY)

POW
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

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

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam
(Signed) W. W. Zimmerman, M. D.
, 19 (Address) New Madrid 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 Wink DATE OF BURIAL 1/29/1929

20. URBERTAKER Richards and Co. h. m.
ADDRESS

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.

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