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

Do not use this space. 7887

1. PLACE OF DEATH
County St. Louis — Registration District No. 790 — File No.
Township Clayton — Primary Registration District No. 6033 — Registered No.
City ..... (No. 7744 Bonhomme Avenue St. ..... Ward)

2. FULL NAME Sarah Mays
(a) Residence. No. 7744 Bonhomme Avenue St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William H. Mays

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 15, 1874

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
54	10	6	

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

9. BIRTHPLACE (CITY OR TOWN) Memphis
(STATE OR COUNTRY) Tennessee

PARENTS
10. NAME OF FATHER John Fulton
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Tennessee
12. MAIDEN NAME OF MOTHER Mary Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Tennessee

14. INFORMANT William H. Mays
(Address) 7744 Bonhomme Clayton, Mo.

15. FILED Feb 24, 1929 Katherine W. Sullivan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 23 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 8, 1929, to Feb 28, 1929 that I last saw her alive on Feb 21, 1929, and that death occurred, on the date stated above, at — m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Interstitial Nephritis
131
95B (duration) yrs. 1 mos. 23 ds.

CONTRIBUTORY (SECONDARY) Cardiac dilatation
History (duration) yrs. 1 mos. 23 ds.

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 Signs
(Signed) S. J. Dixon, M. D.
, 19 (Address) 11 N Jefferson

*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 Memphis, Tenn. — DATE OF BURIAL 2-25-1929

20. UNDERTAKER Gates Funeral Home — ADDRESS 4107 Finney

235
2
2
2

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.

MAR 27 1929