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

Do not use this space.

914

1. PLACE OF DEATH
County Holt — Registration District No. 370 — File No.
Township Forest — Primary Registration District No. 5516 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME John Edmond May
(a) Residence. No. Forest City, Mo. St. ..... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 51 yrs. 0 mos. 6 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)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 17, 1874

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	56	0	6	

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

9. BIRTHPLACE (CITY OR TOWN) Forest City
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Micheal May
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Indiana
12. MAIDEN NAME OF MOTHER Nancy Mundy
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown

14. INFORMANT Mrs. Hattie May
(Address) Forest City, Mo. (R.F.D.)

15. FILED 1-24, 1930 F. E. Bullock REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 23 1930

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1929, to Jan. 22, 1930 that I last saw him alive on Jan. 22, 1930, and that death occurred, on the date stated above, at 11.40 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of bronci of right Lung
(duration) 3 yrs. 4 mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... 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? microscopic.
(Signed) Dr J Holcopp, M. D.
1-23, 1930 (Address) Forest City 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	DATE OF BURIAL
Forest City Cem.	Jan 25, 1930

20. UNDERTAKER	ADDRESS
V. Lehmer	Oregon, 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.

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