

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

Do not use this space.

12932

**1. PLACE OF DEATH**

County Jackson  
Township Hay  
City Jackson City

Registration District No. 399  
Primary Registration District No. 1602

File No. 1851  
Registered No. 1851  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. Passenger Alabama Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret Newman Mays <sup>died this month</sup>

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
guess 30

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. Salesman  
(b) General nature of industry, business, or establishment in which employed (or employer). Development Co.  
(c) Name of employer. Sub Springfield Mo.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Opelika Alabama

10. NAME OF FATHER James Jos. Mays

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Opelika Alabama

12. MAIDEN NAME OF MOTHER Mahira M. Cain

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) near Opelika Ala.

14. INFORMANT E. B. W. W. W.  
(Address) 2131 Ave. B, Birmingham

15. FILED 4/29 30 M. M. O. Alabama  
REGISTRAR ass

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 27 1930 Sunday

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, and that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Accidental street car Traumatism  
2 P. 20 9 M.

CONTRIBUTORY (SECONDARY) Multiple injuries  
no automobile involved  
(duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? anatomy & histology  
(Signed) Stanley Carbaugh, M.D.

4/27, 1930 (Address) Coroner

\*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 Birmingham Ala. DATE OF BURIAL Apr 30 1930

20. UNDERTAKER Eylar Funeral Home ADDRESS 1809 Pinwood

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.

