

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

Do not use this space.

23940

1. PLACE OF DEATH
 County Bethany Registration District No. 715
 Township Edens Primary Registration District No. 5950
 City Worthington (No.) St. Ward

2. FULL NAME Arline May
 (a) Residence No. 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.

File No. 8
 Registered No. 45

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 8-9-1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 11 4

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

9. BIRTHPLACE (CITY OR TOWN)..... Ill
 (STATE OR COUNTRY)

10. NAME OF FATHER James May

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

12. MAIDEN NAME OF MOTHER Rachel Haman

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

14. INFORMANT Mrs A May
 (Address) Worthington Mo

15. FILED July 13 1930 Chas. DeBenedictis
 REGISTRAR

1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 13 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 25 1925 to July 13 1930, and that I last saw him alive on July 9, 1930, and that death occurred, on the date stated above, at 1:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic nephritis

131
 (duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) low baron
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Wyes
 IF NOT AT PLACE OF DEATH.....

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

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Urinary Analysis

(Signed) J. C. O'Hara M. D.

July 13 1930 (Address) Worthington 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

Brassfield 7/15 1930

20. UNDERTAKER ADDRESS

Wm M West Quincy 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 OCCURRENCE is very important. AUG 26 1930

