

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

Do not use this space.

40107

**1. PLACE OF DEATH**

County Marion Registration District No. 5-49  
 Township Liberty Primary Registration District No. 4-228  
 City Palmyra (No. ....) St. .... Ward)

File No. ....  
 Registered No. 6-8

**2. FULL NAME**

Matilda Hickman Mays

(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 10 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 7, 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
81 9 15

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) Marion County  
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Jacob Hickman  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Virginia  
 12. MAIDEN NAME OF MOTHER Elizabeth Wiley  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Virginia

14. INFORMANT H. Potter  
 (Address) Palmyra, Mo.

15. FILED 12/24/30 [Signature] REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 22 1930

17. I HEREBY CERTIFY, That I attended deceased from May 14<sup>th</sup>, 1930, to Dec 22<sup>nd</sup>, 1930, that I last saw him alive on Dec 20<sup>th</sup>, 1930, and that death occurred, on the date stated above, at 4:30 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic interstitial nephritis  
131  
930

(duration) yrs. mos. ds.  
 CONTRIBUTORY (SECONDARY) myocarditis  
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRAINED  
 (PLACE OF DEATH) Don't know  
 DID AN OPERATION PRECEDE DEATH? no DATE OF ✓  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
 (Signed) W. C. Ouel M. D.

12/23/1930 (Address) Palmyra 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 Mount Olive Cemetery DATE OF BURIAL 12/24/1930

20. UNDERTAKER Lewis Good ADDRESS Palmyra, 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.

JAN 20 1931

