

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

Do not use this space.

21258

1. PLACE OF DEATH

County Holt
Township Liberty
City (No. _____) _____

Registration District No. 372
Primary Registration District No. 5519

File No. _____
Registered No. 721 Ward _____

2. FULL NAME

(a) Residence No. John F. May 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.

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 24 1878

7. AGE: YEARS 52 MONTHS 9 DAYS 10 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 94
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holt Co Mo. 1

13. NAME J F May

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Malinda Bunch

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bethany Mo. 1

17. INFORMANT (ADDRESS) Mrs East Street, Mount City Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE New Liberty DATE 6/15 1931

19. UNDERTAKER (ADDRESS) W. H. Crawford, Mount City Mo.

20. FILED 6-15-1931 J. C. Drury Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14 1931

22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 4 a. m.

The principal cause of death and related causes of importance were as follows:

Coronary Artery
Exclusion (Sudden)
Dead when I arrived

Other contributory causes of importance: _____

Name of operation no history Date of _____
What test confirmed diagnosis? history as there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Body examined at

Manner of injury no Nature of injury 4 30 a. m.

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____ (Signed) D. B. Perry, Coroner
(Address) Mount City 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.

JUL 24 1931

