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.

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

Do not use this space.

22125

1. PLACE OF DEATH
County Mercer Registration District No. 556 File No.
Township [illegible] Primary Registration District No. 4329 Registered No. 21
City Ravanna (No. St. Ward)

2. FULL NAME A. Leroy 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.

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: Elizabeth May
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 20-1847
7. AGE: YEARS 83 MONTHS 10 DAYS 8 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
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): [illegible] -31
11. Total time (years) spent in this occupation: 63

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): [illegible]

FATHER
13. NAME Aaron E. May
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York

MOTHER
15. MAIDEN NAME [illegible]
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York

17. INFORMANT [illegible]
(ADDRESS) [illegible]

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ravanna Cemetery DATE June 30 1931

19. UNDERTAKER Noel Mars
(ADDRESS) Princeton Mo

20. FILED 6/29 1931 J M Perry Registrar.

MEDICAL CERTIFICATE OF DEATH

4

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28 1931

22. I HEREBY CERTIFY, That I attended deceased from June 16 1931, to June 28 1931
I last saw him alive on June 27, 1931. 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: | Date of onset

1. Acute suffocative edema of lungs. the result of — June 16
2. Valvular heart disease chronic - mitral & aortic insuf. — unknown
3. Arteriosclerosis - marked generalized — unknown

Other contributory causes of importance:
Senility. 92A 92A

Name of operation None Date of
What test confirmed diagnosis? Physical Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify

(Signed) A. S. Bristow, M. D.
(Address) Princeton, Mo.