

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

Do not use this space.

1. PLACE OF DEATH

County... Jackson
Township... Wheat
City... Kansas City, Mo. (No.)

Registration District No. 199
Primary Registration District No. 1002

File No. 34576
Registered No. 4205
St. Luke's Hospital St. Ward)

2. FULL NAME W. R. May

(a) Residence. No. Chillicothe, Mo. St. X Ward. R.R. #3 Chillicothe, Mo.
(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) widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 4 - 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 1 19

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER unknown

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

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT News Clerk (Address) St. Lukes Hospital

15. FILED 10/23, 1931 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) October 23 1931

17. I HEREBY CERTIFY, That I attended deceased from Sept 20 1931 to Oct. 23 1931 that I last saw him alive on Oct. 23 1931, and that death occurred, on the date stated above, at 5:35 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of the prostate.
51c

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds. 51c

(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? Biopsy
(Signed) Wesley T. Oberholser M. D.

. 19 (Address) 1530 Professional Bldg

*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
Chillicothe, Mo. Oct. 23, 1931

20. UNDERTAKER ADDRESS
Jos. A. Butler & Son W. C. Kansas

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.

ON RECORDS THIS IS A PERMANENT RECORD

