

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

Do not use this space.

9523
16

1. PLACE OF DEATH

79 County Perry
Township Sabine
City Brewer's Rex (No. _____)

660
Registration District No. _____
Primary Registration District No. 5875A

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Agnes Mary May
(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Larry E. May

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 12, 1894

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
38 18

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife 235
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Perry Co. Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Eli Tucker

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Perry Co. Mo.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Margaret Mc. Bride

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Perry Co. Mo.
(STATE OR COUNTRY)

14. INFORMANT Larry E. May
(Address) Perryville Mo.

15. FILED 4/1 32 1932 Jos. J. Hester REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 30th 1932

17. I HEREBY CERTIFY, That I attended deceased from March 24th, 1932, to March 30th, 1932, that I last saw her alive on March 20th, 1932, and that death occurred, on the date stated above, at 9:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenza

113 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 113 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED (D)
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) W. H. Barnes, M. D.
, 19 (Address) Perryville 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 Hope Cemetery Perryville Mo. DATE OF BURIAL April 2 1932

20. UNDERTAKER Bay View Co. Perryville Mo. ADDRESS _____

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

APR 28 1932

