

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

Do not use this space.

23502

1. PLACE OF DEATH

17. County New Madrid Registration District No. 55
 Township Anderson Primary Registration District No. 4033
 City..... (No.) St. Ward.....
 Registered No. 980

2. FULL NAME

Eloise Ruth June 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 10 - 1930</u>		
7. AGE <u>2</u>	YEARS <u>1</u>	MONTHS <u>15</u>
		DAYS <u>15</u>
		IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Deaf</u>	
	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) <u>Indian Mo</u>		
MOTHER	13. NAME <u>Ben O. May</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ark</u>	
	15. MAIDEN NAME <u>Oller Fallowell</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tex</u>	
17. INFORMANT <u>Ben O. May</u> (ADDRESS) <u>Indian Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Stoufflet</u> DATE <u>July 25, 1932</u>		
19. UNDERTAKER <u>W. J. Craig</u> (ADDRESS) <u>Indian Mo</u>		
20. FILED <u>Aug 10 1932</u> <u>M. D. Mummery</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 22, 1932 to July 25, 1932
 I last saw him alive on July 25, 1932 Death is said to have occurred on the date stated above, at 6 A.M.
 The principal cause of death and related causes of importance were as follows:
Basillary Dysentery Date of onset 12/13/31

Other contributory causes of importance:
None

Name of operation None Date of None
 What test confirmed diagnosis? Chemical 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 None, 1932
 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 None
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) R. E. Beers, M. D.
 (Address) Indian Mo

WRITE PLAIN. WILL. U. IS IS A PERMANENT RECORD

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.

AUG 25 1932

