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.

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

Do not use this space. 2

26320

1. PLACE OF DEATH
County JACKSON
Township BLUE
City INDEPENDENCE (No. INDEPENDENCE SANITARIUM St. Ward)

Registration District No. 398
Primary Registration District No. 3019

File No.
Registered No. 241

2. FULL NAME MRS. LULA W. MAY

(a) Residence, No. 1027 W. WHITE OAK 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.

SEP 26 1933

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) |
|---|---|---|
| FEMALE | WHITE | MARRIED |

5A. IF MARRIED, WIDOWED, OR DIVORCED
~~HUSBAND OF~~ (OR) WIFE OF WILLIAM H. MAY

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2 - 23 - 1896

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 37 | 5 | 12 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE
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) GOREVILLE (STATE OR COUNTRY) ILLINOIS

FATHER
13. NAME CHARLES G. SIMMONS
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME CHARLOTTE GOLD
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT WILLIAM H. MAY
(ADDRESS) 1027 W. WHITE OAK

18. BURIAL, CREMATION, OR REMOVAL
PLACE MOUND GROVE DATE AUG. 7, 1933.

19. UNDERTAKER STAHL'S FUNERAL HOME.
(ADDRESS) 815 W. MAPLE AVE.

20. FILED 8-9 1933 F. L. Cook
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug - 5 - 1933

22. I HEREBY CERTIFY, That I attended deceased from July 29 - 1933, to Aug 5 - 1933
I last saw her alive on Aug - 5 - 1933. Death is said to have occurred on the date stated above, at 2-30 P. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1 Acute Hemorrhagic Pancreatitis | 7-27-33 |
| 2 Terminal Lobar Pneumonia Right - | 8-3-33 |

Other contributory causes of importance
108
87B

Name of operation NONE
What test confirmed diagnosis? Clinical Was 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.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Bruce Lowe Wilson M. D.
(Address) Independence Mo