

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.

MAR 24 1934

4998

1. PLACE OF DEATH

County Jackson Registration District No. 305 File No. 720
Township Blue Primary Registration District No. 1100 Registered No. 720
City Kansas City (No. South 113 Hospital St. Ward)

2. FULL NAME

Ms. Cleveland Mays
(a) Residence No. 5 1/2 - East 41 st St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 20, 1906</u>		
7. AGE YEARS <u>27</u>	MONTHS <u>X 4</u>	DAYS <u>21</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Painter</u>		If LESS than 1 day, hrs. or min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		11. Total time (years) spent in this occupation
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
13. NAME <u>Ms. Matt Mays</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
15. MAIDEN NAME <u>Miss Jodie</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT <u>A.C. T.B. Hospital</u> (ADDRESS) <u>Sub Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Catharyston</u> DATE <u>2-13-34</u>		
19. UNDERTAKER (ADDRESS) <u>Funerary & Undertaker</u>		
20. FILED <u>7/14</u> 19 <u>34</u> <u>M. M. Brown</u> Registrar		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-11, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 22, 1932 to Feb. 11, 1934

I last saw her alive on Feb. 10, 1934 Death is said to have occurred on the date stated above, at 3, D.P.R.

The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis (Date of onset)
Tubercular meningitis
Tubercular meningitis

Other contributory causes of importance

Name of operation None Date of
What test confirms Diagnosis & Specimen

23. If death was due to external cause (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 None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. G. Paullington M. D.
(Address) Kansas City, Mo

