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.

AUG 11 1934 AUG 14 1934

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

Do not use this space.

23329

File No.

Registered No. 836

1. PLACE OF DEATH

County BUCHANAN Registration District No. 85

Township Primary Registration District No. 1001

City ST. JOSEPH (No. 512 So. 21st. St. St. Ward)

2. FULL NAME Luvenia Mays

(a) Residence, No. 512 So. 21St. 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: Female

4. COLOR OR RACE: Negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Year 1875

7. AGE: Years 59 Months Unknown Days Unknown If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Edgefield S. C.

FATHER

13. NAME Hamilton Garrett,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk nown Unknown

17. INFORMANT (ADDRESS) Robert Mays 512 So. 21st St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cem. DATE 7/21/'34 19

19. UNDERTAKER (ADDRESS) RAMSEY'S MORTUARY 9th & Olive Sts.

20. FILED 7-21- 1934 John R. Bender Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20th 1934

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1934 to July 20, 1934

I last saw her alive on July 20, 1934 Death is said to have occurred on the date stated above, at 12:30 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Heat Stroke - Cerebral Hemorrhage - Apoplexy | 7-19 |
| Arterio - Scerlosis | 4-9-34 |

Other contributory causes of importance:

Name of operation None Date of

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? None Date of injury None 19

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. None

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 None

(Signed) [illegible], M. D.

(Address) 1908 Messanie - St. Joseph, Mo