

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.

SEP 28 1934

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis Registration District No. 790
Township Central Primary Registration District No. 60389
City Clayton (No. St. Louis Co. Hospital) St. _____ Ward _____

File No. 34035

Registered No. 323

2. FULL NAME

(a) Residence, No. 8012 South Ave. Webster Sta. 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 Male 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 Verdie Mays

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 20, 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 10 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Leading Contractor

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) Clarie, Mississippi

13. NAME Shelton Mays

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wheeling, W. Virginia

15. MAIDEN NAME Anna Longate

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) I don't know

17. INFORMANT Mrs. Verdie Mays (ADDRESS) 8012 South Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cemetery DATE September 27, 1934

19. UNDERTAKER Geo. L. Oleitash, Inc. (ADDRESS) 596 1/2 Eastern Ave.

20. FILED 9/23 1934 Robt. J. Anderson Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-22, 1934

22. I HEREBY CERTIFY, That I attended deceased from 8-5-34, to 9-22-1934

I last saw him alive on 9-21-1934 Death is said to have occurred on the date stated above, at 4:05 A.M.

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

myocarditis, chr. congestive
Coronary disease of heart
arteriosclerosis

Other contributory causes of importance:
Coronary disease of heart
arteriosclerosis

Name of operation none Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? yes

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? no

If so, specify _____ (Signed) P. G. Barros M. D.
(Address) St. Louis Co. Hosp.

