

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.

APR 6 1935

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

Do not use this space.

8467

1. PLACE OF DEATH

County Clay Registration District No. 198
Township Fishing River Primary Registration District No. 30.11
City Excelsior Springs, Mo. (No. VAF facility) St. 3d Ward

2. FULL NAME MAY, James

(a) Residence, No. VAF, Excelsior Springs, Mo. St. _____ Ward. _____ St. Louis, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. 4 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Separated

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE-OF Myrtle May

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 3, 1902

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
33 - 24

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. xx unknown

10. Date deceased last worked at this occupation (month and year) unknown 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Okalona, Miss

13. NAME Henry May

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

15. MAIDEN NAME Lena Cockrell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi

17. INFORMANT Records V.A. Facility
(ADDRESS) Excelsior Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Louis, Mo. DATE 3-28-35 19 _____

19. UNDERTAKER Herbert Hope
(ADDRESS) Excelsior Springs, Mo.

20. FILED 3-27-35 Wm. R. McCreath
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 23, 1934, 19____, to March 27, 1935, 19____
I last saw him alive on March 27, 1935, 19____. Death is said to have occurred on the date stated above, at 9 A.M.

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

Aortic Insufficiency

Aortitis

Cardiac hypertrophy

Myocarditis

Other contributory causes of importance:

Syphilis

Name of operation _____ xx Date of _____ xx
What test confirmed diagnosis? Exam. & Obs. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? xx Date of injury xx, 19____

Where did injury occur? xx
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury xx
Nature of injury xx

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

(Signed) H. C. HARDEGREE, M. D.
(Address) VAF, Excelsior Springs, Mo.

