

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.

JUN 1 8 1935

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

Do not use this space.

15617

1. PLACE OF DEATH

County.....Buchanan
Township.....
City.....St. Joseph. (No. 1314 No. 2nd St.)

85

Registration District No.
Primary Registration District No.

File No.
Registered No.505
St. Ward)

2. FULL NAME

Henry A. May

(a) Residence, No.1314 No. 2nd 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 60 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>Married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
Letitia Vance May

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 19, 1854

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day, hrs. or min.
	<u>80</u>	<u>5</u>	<u>16</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Barber</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Retired 20 Yrs.</u>
	10. Date deceased last worked at this occupation (month and year) <u>1914</u>

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Booneville, Mo.

13. NAME
Frederick May

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

15. MAIDEN NAME
Elizabeth Kaiser

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Unknown Switz.

17. INFORMANT (ADDRESS)
Mrs. Letitia V. May 1314 No. 2nd St.

18. BURIAL, CREMATION, OR REMOVAL PLACE
Mt. Mora Cemetery DATE May, 7, 1935

19. UNDERTAKER (ADDRESS)
Walter Meierhoffer 1302 Faron St. St. Joseph, Mo.

20. FILED 5-7- 1935 John R. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May, 5, 1935 '19

22. I HEREBY CERTIFY, That I attended deceased from

Jan 16 1933 to May 5 1935
I last saw him alive on May 3 1935 Death is said

to have occurred on the date stated above, at 3.30m. P.M.
The principal cause of death and related causes of importance were as follows:

Cerebral apoplexy Date of onset 5/3/35

g.g. 21
Other contributory causes of importance:
Cerebral apoplexy and arteriosclerosis Dec. 1913

Name of operation 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? 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 Lura Beck M. D.
(Signed) Lura Beck M. D.
(Address) King Hill Bldg. St. Joseph, Mo.

