

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

Do not use this space.

OCT 22 1935

1. PLACE OF DEATH

County Jackson
Township Kau
City Kansas City (No. 611 Campbell)

Registration District No. 399
Primary Registration District No. 1002

File No. 29507
Registered No. 3518
St. _____ Ward _____

2. FULL NAME

Mamie May
(a) Residence, No. 611 Campbell 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 <u>Female</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widowed</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 5 - 1881</u>				
7. AGE	YEARS <u>54</u>	MONTHS <u>6</u>	DAYS <u>0</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Work</u>			
	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	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/5/35, 1935

22. I HEREBY CERTIFY that I attended deceased from Sept 10 1935 to Sept 10 1935, 1935

I last saw him alive on 4/30, 1935. Death is said to have occurred on the date stated above at _____ m.

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

Chronic bronchitis
Coronary sclerosis
Date of onset _____

Other contributory causes of importance: 93 to

Name of operation _____ Date of _____
What test confirmed diagnosis Culpey Was there an autopsy yes

23. If death was due to external cause (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1935

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? _____
If so, specify _____

(Signed) [Signature], M. D.
(Address) [Address]

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	13. NAME <u>J. B. Epps</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	15. MAIDEN NAME <u>Unknown</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
	17. INFORMANT <u>Anna Benton</u> (ADDRESS) <u>611 Campbell</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Separation Mo</u> DATE <u>Sept 10 1935</u>	
19. UNDERTAKER <u>Spakham Funeral Home</u> (ADDRESS) <u>1409 E 12th</u>	
20. FILED <u>Sept 9 1935</u> <u>M. M. Cron</u> Registrar.	

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.

