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.

OCT 23 1935

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

Do not use this space.

30952

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. .....

Township St Louis Primary Registration District No. ..... Registered No. 7744

City ..... (No. Mo Pacific Hospital St. ..... Ward)

2. FULL NAME Louis Mays.

(a) Residence, No. ..... St., NR Ward. Tamms Illinois
(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: Dallgey, Mays

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 16th 1902

7. AGE: 33 YEARS, 6 MONTHS, 28 DAYS. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Coal Chute Laborer

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: 8

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Anna Ill.

FATHER

13. NAME: Jonah Mays

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill.

MOTHER

15. MAIDEN NAME: Unknown

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

17. INFORMANT (ADDRESS): Mrs. Dallgey Mays Tamms Ill.

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Anna Ill. DATE: Sept 17th 1935

19. UNDERTAKER (ADDRESS): Albert St Hope Inc. Euclid Ave

SEP 15 1935

20. FILED ..... 19..... J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 9 - 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from August 14, 1935, to September 14, 1935

I last saw him alive on September 14, 1935 Death is said to have occurred on the date stated above, at 2:45 p.m.

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

1) Lung abscesses (Multiple)
2) Bronchiectases

Lung abscesses Non T B
Non Traumatic Cause
unknown

Date of onset

Other contributory causes of importance:

1) Atrophic Rhinitis
2) Pan sinusitis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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 .....

(Signed) Arthur M. Boyd, M. D.

(Address) Mo. Pac Hospital St Louis