

DEC 19 1935

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

Do not use this space.

36824

1. PLACE OF DEATH

County New Madrid Registration District No. 1133
Township West Primary Registration District No. 4587
City Canalou, Mo. (No.) St. Ward (No.)

File No.
Registered No. 11 Ward (No.)

2. FULL NAME

(a) Residence, No. Joe Mays St. Ward.
(Usual place of abode) Canalou, Mo. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 yrs. 0 mos. 0 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> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lolara Mays</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 10 - 1870</u> | | |
| 7. AGE | YEARS <u>65</u> | MONTHS <u>6</u> |
| | | DAYS <u>5</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>Restaurant</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 <u>15</u> |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kokoin, Ind.</u> | | |
| FATHER | 13. NAME <u>John Mays</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u> | |
| MOTHER | 15. MAIDEN NAME <u>unknown</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) | |
| 17. INFORMANT (ADDRESS) <u>Mrs. Lolara Mays</u> <u>Canalou, Mo.</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Memorial Park</u> DATE <u>Nov 17 1935</u> | | |
| 19. UNDERTAKER (ADDRESS) <u>John Albritton</u> <u>Canalou, Mo.</u> | | |
| 20. FILED <u>Nov 16 1935</u> <u>Jas. D. Rochel</u> Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 15 - 1935
22. I HEREBY CERTIFY, That I attended deceased from Sept. 10 1935 to Nov 15 1935
I last saw him alive on Nov 14 1935 Death is said to have occurred on the date stated above, at 11:40 a.m.
The principal cause of death and related causes of importance were as follows:

Cardiovascular Renal
131
Other contributory causes of importance:
Hypertension and Valvular
Heart Disease

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? Yes
If so, specify Yes
(Signed) Dr. W. P. Russell, M. D.
(Address) Canalou, Mo.

Date of onset

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.

