

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

Do not use this space.

42249

1. PLACE OF DEATH **JAN 21 1936**
 County **Verdon** Registration District No. **873**
 Township **Montville Mo** Primary Registration District No. **4527**
 City **Montville Mo** (No.) St. Ward)

2. FULL NAME **Eliza May**
 (a) Residence, No. St. Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. **25** mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Widow** (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **J. W. May**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 27-1850**

7. AGE **45** YEARS **5** MONTHS **1** DAYS If LESS than 1 day, hrs. or min. **✓**

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Home Wife**

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation **25** years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

13. NAME **Robine**

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

15. MAIDEN NAME **None**

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

17. INFORMANT **R S May & Sister** (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **Virgale** DATE **12/29** 19**35**

19. UNDERTAKER **G. B. Beery** (ADDRESS) **Shelton Mo**

20. FILED **Dec 29 1935** **W. H. Hendricks** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **12/27** 19**35**

22. I HEREBY CERTIFY, That I attended deceased from **July 7** 19**35**, to **Dec 27** 19**35**.
 I last saw her alive on **Oct 1** 19**35**. Death is said to have occurred on the date stated above, at **10.00** a.m.
 The principal cause of death and related causes of importance were as follows:
Chronic myocarditis
 Date of onset **Sept 1935**

Other contributory causes of importance:
Chronic heart disease
 Date of onset **Thru**

Name of operation **None** Date of

What test confirmed diagnosis? **None** Was there an autopsy? **No**

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

Where did injury occur?

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 S. Williams, M. D.**
 (Address) **Shelton Mo**

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.

31
31
31

