APR 15 1936

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

Do not use this space.

9310

1. PLACE OF DEATH
County Buchanan, Registration District No. 85
Township Primary Registration District No. 1001 File No.
City St. Joseph, (No. 1402 South 25th. St. Ward) Registered No. 312

2. FULL NAME Doss D. May,
(a) Residence, No. 1402 South 25th. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 40 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): Widowed,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Margaret May

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 9, 1868

7. AGE: YEARS 67 MONTHS 7 DAYS 22 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad
10. Date deceased last worked at this occupation (month and year) March 1928
11. Total time (years) spent in this occupation 38

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Brazil, Indiana,

FATHER
13. NAME: William May,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Spencer, Indiana,

MOTHER
15. MAIDEN NAME: Rachel Davy,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Ohio,

17. INFORMANT (ADDRESS): Ralph D. May 1402 So. 25th. St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashland Cem. DATE March 3, 1936

19. UNDERTAKER (ADDRESS): Yeaton-Bergale & Bowman 319 So. 10th. St. Funeral Home

20. FILED 3-2 1936 John R Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 1st, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1936 to March 1, 1936
I last saw him alive on 3-1-, 1936 Death is said to have occurred on the date stated above, at 9:50 p.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma
Throat
Chest

Date of onset: 1 year duration possibly

Other contributory causes of importance:

45

Name of operation Date of
What test confirmed diagnosis? Gen. Sympt. 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) Blanch B Rennick M. D.
(Address) 222 Logan Bldg.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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County Buchanan — Registration District No. 85 — File No.
Township — Primary Registration District No. 1001 — Registered No. 312
City St Joseph (No. , St. Ward)

2. FULL NAME Dass D. May
(a) Residence, No. 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Wid

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
67	7	22	

OCCUPATION
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.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

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

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE , 19

19. UNDERTAKER (ADDRESS)

20. FILED March 2, 1936 John R Beeder Registrar.
by HM

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 1st, 1936

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19
I last saw h alive on , 19 . 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:

Date of onset

Carcinoma Throat and Chest

Throat Primary

Other contributory causes of importance:

45

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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?
If so, specify
(Signed) Blanche B. Remick M. D.
(Address) 222 Logan Bldg St Joseph Mo

SUPPLEMENTARY

S-9310