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

JUN 22 1936

Do not use this space.

19996

1. PLACE OF DEATH
County Macon — Registration District No. 526 — File No.
Township Lyda — Primary Registration District No. 5700 — Registered No.
City Atlanta Mo (No. ..... St. ..... Ward)

2. FULL NAME May B. Mahoffey
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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 Jefferson Mahoffey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March-28 1857

7. AGE: YEARS 79 — MONTHS 2 — DAYS 1 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. lived on farm
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) Covington, Ky.

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

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

17. INFORMANT (ADDRESS) Mrs Clarence Rhodes Atlanta. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Urbina, Mo. DATE May 31 - 1936

19. UNDERTAKER (ADDRESS) H. M. Goodding Atlanta Mo

20. FILED June 8, 1936 A. L. Cambre Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/29 - 1936, to 5/29 - 1936
I last saw her alive on May 2 - 1936. Death is said to have occurred on the date stated above, at 3 - P. m.
The principal cause of death and related causes of importance were as follows:
Acute Cardiac Dilatation — Date of onset

93C

Other contributory causes of importance:
Chronic myocarditis with general arteriosclerosis with advanced Coronary Sclerosis

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) A. L. Cambre, M. D.
(Address) Atlanta Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

V. S. No. 2
100M-3-28-35