

OCT 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County Cole
Township
City Jefferson (No. _____)

Registration District No. 213
Primary Registration District No. 3014

File No. 34016
Registered No. 255
St. _____ Ward _____

2. FULL NAME Charlotte Christy 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 <u>Female</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u> | | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF | | | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June-23-1936</u> | | | | |
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, _____ hrs. or _____ min. |
| | <u>1</u> | <u>3</u> | | |
| 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) <u>Jefferson City, Mo.</u> | | | | |
| FATHER | 13. NAME <u>Lawrence May</u> | | | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Joseph, Missouri</u> | | | |
| MOTHER | 15. MAIDEN NAME <u>Helen Christy</u> | | | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mendota, Ills.</u> | | | |
| 17. INFORMANT <u>Lawrence May</u> (ADDRESS) <u>Jefferson City, Missouri</u> | | | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>River View Cem</u> DATE <u>Sept-25-</u> 19 <u>37</u> | | | | |
| 19. UNDERTAKER <u>John J. Gordon</u> (ADDRESS) <u>Jefferson City, Mo.</u> | | | | |
| 20. FILED <u>9/29/37</u> 19 <u>37</u> <u>A. J. Bradley M. D.</u> Registrar. | | | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 23 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 13 1937, to Sept 23 1937
I last saw him alive on Sept 23 1937 Death is said to have occurred on the date stated above, at 8 P. m.
The principal cause of death and related causes of importance were as follows:
Broncho-pneumonia Date of onset 9/22
59
Other contributory causes of importance:
Diabetes Mellitus 9/13
6/24

Name of operation _____ Date of _____
What test confirmed diagnosis? Serology 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) Ed Braun / Quares M. D.
(Address) Jefferson City, 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.

