

REC'D MAR 15 1939

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

Do not use this space.

5792

1. PLACE OF DEATH

County Barry  
Township Unity  
City (No. ....) .....

Registration District No. 34  
Primary Registration District No. Sub 5050

File No. ....  
Registered No. H .....

2. FULL NAME

Lowell Silas Mays  
(a) Residence, No. Washington No. R.R. 1 St. 1 Ward. ....  
(Usual place of abode) .....

Length of residence in city or town where death occurred 2 yrs. 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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) Lucy a Mays  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 29 1875  
7. AGE YEARS 63 MONTHS 8 DAYS to 8 If LESS than 1 day, .... hrs. or .... min.

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

13. NAME Silas Mays

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Duffield Mo.

15. MAIDEN NAME Mary Reed

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Mary a Mays (ADDRESS) Washington Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Beas Pond DATE Feb 7 1939

19. UNDERTAKER Howie - Coe (ADDRESS) Cassville Mo.

20. FILED Feb 7 1939 Mrs. W. P. Searcy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 6 1939  
22. I HEREBY CERTIFY, That I attended deceased from May 5 1937 to Feb 5 1939  
I last saw him alive on Feb 5 1939 Death is said to have occurred on the date stated above, at 5:25 m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Prostate 1938

Other contributory causes of importance: 51

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 .....

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....  
If so, specify .....  
(Signed) E. M. Daniel M. D.  
(Address) Cassville, 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.

RECEIVED

District Health Officer No. 6,

District File Number 6-39-526

Date Filed MAR 8 1939