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

PLACE OF DEATH

County: Ray Co mo

Township or Village:

Registration District No. 744 — File No. 27495

Primary Registration District No. 3035 — Registered No. 181

or City: Richmond Mo. (NO. ______ St.; ______ Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Francis May

PERSONAL AND STATISTICAL PARTICULARS	
SEX	female
COLOR OR RACE	White
SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	Single
DATE OF BIRTH (Month) (Day), (Year)	Nov 12, 1912
AGE	0 yrs. 9 mos. 19 ds. If LESS than 1 day, ___ hrs. or ___ min.?
OCCUPATION (a) Trade, profession, or particular kind of work	None
(b) General nature of industry, business, or establishment in which employed (or employer)	None
BIRTHPLACE (City or town, State or foreign country)	Richmond mo
NAME OF FATHER	Harry May
BIRTHPLACE OF FATHER (City or town, State or foreign country)	NJ
MAIDEN NAME OF MOTHER	Aldy Freeman
BIRTHPLACE OF MOTHER (City or town, State or foreign country)	Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Harry May

(ADDRESS) Richmond mo

Filed Aug 31, 1913 Geo W Hunt, Dep'ty REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 31, 1913 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Aug 10, 1913, to Aug 31, 1913, that I last saw her alive on Aug 31, 1913 and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Cholera Infantum

1171

(Duration) ___ yrs. ___ mos. ___ ds.

Contributory (SECONDARY)

(Duration) ___ yrs. ___ mos. ___ ds.

(Signed) L D Greene M. D.

Aug 31, 1913 (Address) Richmond Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL: Sunny Slope — DATE OF BURIAL: Sep 2, 1913

UNDERTAKER: Glennell & Co — ADDRESS: Richmond 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.

MISSOURI STATE BOARD OF I
BUREAU OF VITAL STATISTI
CERTIFICATE OF DEATH

United States Standard Certificate

PLACE OF DEATH

County

Township ... Registration District No. ... File No.
or
Village ... Primary Registration District No. ... Registered No.
or
City ... (NO. ... , ... St.; ... Ward) [If de hospital give its of stree

FULL NAME

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH
SEX	COLOR OR RACE	SINGLE, MARRIED, WIDOWED OR DIVORCED (*Write* the word)	DATE OF DEATH ... (Month) (D
DATE OF BIRTH ... (Month) (Day), 1 (Year)			I HEREBY CERTIFY, that I attended de ... , 191..., to ... that I last saw h ... alive on ... and that death occurred, on the date stated above, The CAUSE OF DEATH* was as follows:
AGE ... yrs. ... mos. ... ds.		If LESS than 1 day, ... hrs. or ... min.?	
OCCUPATION (a) Trade, profession, or particular kind of work			
(b) General nature of industry, business, or establishment in which employed (or employer)			... (Duration) ... yrs. ... mo
BIRTHPLACE (City or town, State or foreign country)			Contributory (SECONDARY) ... (Duration) ... yrs. ... mo
PARENTS: NAME OF FATHER			(Signed)
BIRTHPLACE OF FATHER (City or town, State or foreign country)			... , 191... (Address)
MAIDEN NAME OF MOTHER			*State the Disease Causing Death, or, in deaths from Violen (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
BIRTHPLACE OF MOTHER (City or town, State or foreign country)			LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TR RECENT RESIDENTS) At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... m
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)			Where was disease contracted if not at place of death? ... Former or usual residence
(ADDRESS)			PLACE OF BURIAL OR REMOVAL / DATE OF B
Filed ... , 191... , ... REGISTRAR			UNDERTAKER / ADDRESS

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