APR 30 1929

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

Do not use this space.
11907

1. PLACE OF DEATH
County: Polk
Township:
City: Bolivar (No. ..... St. ..... Ward)
Registration District No. 701
Primary Registration District No. 4462
File No.
Registered No. 29

2. FULL NAME: Mary Alice Mays.
(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: 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: Albert Mays.
6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 3 1857
7. AGE: Years 71 Months 7 Days 25 If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife.
(b) General nature of industry, business, or establishment in which employed (or employer): House Keeping.
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN): Ray County Mo.
(STATE OR COUNTRY): Missouri.

PARENTS
10. NAME OF FATHER: Thomas J. Todd
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Kentucky
12. MAIDEN NAME OF MOTHER: Miranda Wilson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Kentucky.

14. INFORMANT: Albert Mays
(Address): Bolivar Mo.
15. FILED 3/2/ 1929 J. E. Roberts
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mar 1 1929
17. I HEREBY CERTIFY, That I attended deceased from Jan 16 1929, to Mar 1 1929, that I last saw him alive on Feb 24 1929, and that death occurred, on the date stated above, at 3 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
(duration) 3 yrs. mos. ds.
CONTRIBUTORY (SECONDARY): Influenza
(duration) yrs. mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
3/2/ 1929 (Signed) D. E. Hammontree, M. D. (Address) Bolivar Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Greenwood Cem
DATE OF BURIAL: Mch 5 1929
20. UNDERTAKER: White Funeral Co.
ADDRESS: Bolivar Mo

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
...n of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state ...ATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.