DOCUMENT 13

FLORIDA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

State File No. 19266

Registered No. 995

1 PLACE OF DEATH

County Jefferson — District No. 22-D1

Precinct Monticello (Write name, not number). — Precinct No. 22-514

or Inc. Town ____ — City or Town No. 22-514

or City Monticello (No. ____ St.; ____ Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number]

2 FULL NAME William S. May

(a) Residence. No. Monticello St., ____ Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 65 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: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write last word only)

3a If married, widowed, or divorced
HUSBAND of (or) WIFE of Widowed

6 DATE OF BIRTH: Aug (Month) 18 (Day) 1846 (Year)

7 AGE: 80 yrs. 2 mos. 15 ds.
IF LESS than 1 day, ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired farmer
(b) General nature of industry, business, or establishment in which employed (or employer): ____
(c) Name of employer: ____

9 BIRTHPLACE (City or town) (State or country): Madison Co Fla

10 NAME OF FATHER: Jeremiah May

11 BIRTHPLACE OF FATHER (City or Town) (State or country): S. C.

12 MAIDEN NAME OF MOTHER: Fannie Williams

13 BIRTHPLACE OF MOTHER (City or Town) (State or country): S. C.

14 Informant (Address): W. A. May Quitman Ga

15 Filed Nov 17 1926 — Registrar: J. V. Johnson

Form V. S. No. 4

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year): Nov 3rd 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 1st 1926 to Nov 3rd 1926 that I last saw him alive on ____ 19____ and that death occurred on the date stated above, at 1 a. m.

The CAUSE OF DEATH* was as follows:

Aortic Regurgitation with Mitral Stenosis

(duration) 2 yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary): Acute Pulmonary Edema

(duration) 0 yrs. 3 mos. ____ ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of ____

Was there an autopsy? No

What test confirmed diagnosis? ____

(Signed) Jno. D. Lefforge M.D.

19 (Address) Monticello Fla

*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. (See reverse side for additional space.)

90

19 Place of Burial, Cremation, or Removal: ____ Date of Burial or Removal, 19____

20 UNDERTAKER: John Cook ADDRESS: Monticello