

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

Do not use this space.

7079

1. PLACE OF DEATH

County..... Registration District No. 721 File No.
 Township..... Primary Registration District No. Registered No. 2049
 City..... (No. Missouri Baptist Southern St. Ward)

2. FULL NAME

(a) Residence. No. Mildred L. Ray Newburg Mo. St. 12 Ward. Newburg Mo.
 (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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 16 1904

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
23 | 4 | 8 | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Book Keeper
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer Bank of Farmington

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

10. NAME OF FATHER W. E. Ray

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Ida B. Warren

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

14. INFORMANT (Address) W. E. Ray Newburg Mo.

15. FILED CCD 24 1928 1928 Mark Starceff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 24 1928

17. I HEREBY CERTIFY That I attended deceased from Feb. 21, 1928, to Feb. 24, 1928 that I last saw him alive on Feb. 24, 1928, and that death occurred, on the date stated above, at 9:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchopneumonia
 (duration) yrs. mos. ds. 7 da.

CONTRIBUTORY (SECONDARY) None
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH Newburg, Mo.

19. DID AN OPERATION PRECEDE DEATH? No DATE OF

20. WAS THERE AN AUTOPSY? No

21. WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam
 (Signed) Ramuel B. Grant M. D.
Feb 24, 19 28 (Address) 3720 Washington

*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 DATE OF BURIAL
Newburg Mo. Oct 26 1928

20. UNDERTAKER ADDRESS
Philander Craig Washington D.C.

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.

CONTINUING THROUGH THIS IS A PERMANENT RECORD

