

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

Do not use this space.

21020

**1. PLACE OF DEATH**

County Jasper Registration District No. 4422 File No. 2876  
 Township Jasper Primary Registration District No. 3rd Floor Registrar W. H. Benson  
 City Jasper (No. 3rd Floor of Ward 6th Ward)

**2. FULL NAME**

(a) Residence. No. 100 Jasper Mo. St. Ward.  
 (Usual place of residence) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) —

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 3 - 1927

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
7 19

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

9. BIRTHPLACE (CITY OR TOWN) Payson Okla  
 (STATE OR COUNTRY)

10. NAME OF FATHER Dwight Wray

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

12. MAIDEN NAME OF MOTHER Ma W. Wilson

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

14. INFORMANT Mary Wilson  
 (Address) Jasper Mo.

15. FILED 6/25 19 28 W. H. Benson REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 22 19 28

17. I HEREBY CERTIFY, that I attended deceased from 6-20-28 19 28 to 6-20-28 19 28, and that (that I last saw h. alive on 6-20-28 19 28, and that death occurred, on the date stated above, at 107A m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

11A 107A Broncho-pneumonia  
possibly second to influenza (?)  
 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) —  
 (duration) yrs. mos. da.

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? —

(Signed) W. H. Benson M. D.

6/21, 19 28 (Address) Jasper, 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 Peace DATE OF BURIAL 6-23-1928

UNDERTAKER — ADDRESS —

W. H. Benson REGISTRAR

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

