

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

Do not use this space.

1. PLACE OF DEATH

County Bowling Green Mo Registration District No. 680 File No. 24734
 Township _____ Primary Registration District No. 440 Registered No. 27
 City Bowling Green Mo (No. B B Springs Sanitarium) St. _____ Ward _____

2. FULL NAME Henry B Lynn Pray

(a) Residence. No. 1005 Burgess St., 4 Ward. _____ (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. 15 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Maricita Pray

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 11 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
77 | 5 | 17

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

9. BIRTHPLACE (CITY OR TOWN) Bowling Green Mo
 (STATE OR COUNTRY) Kansas

10. NAME OF FATHER Lusk to Pray

11. BIRTHPLACE OF FATHER (CITY OR TOWN) West Virginia
 (STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Maricita Drogan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) West Virginia
 (STATE OR COUNTRY) _____

14. INFORMANT Carl Pray
 (Address) Louisiana Mo

15. FILED 8/10 28 Wm J. Hammer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 28 1928

17. I HEREBY CERTIFY (that I attended deceased July 28 1928 - 1928, 19____, and that I last saw him alive on July 18 1928, and that death occurred on the date stated above, at _____ m.

18. CAUSE OF DEATH* WAS AS FOLLOWS
Myocarditis
93 1927 903
 (duration) yrs. mos. ds.

CONTRIBUTORY Arteriosclerosis
 (SECONDARY) (duration) 1847 mos. ds.

18. WHERE WAS DISEASE CONTRACTED Not Known
 IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
 (Signed) M. J. Pray M. D.
 Address Louisiana 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 Proctor Louisiana Mo DATE OF BURIAL July 31 1928
 UNDERTAKER W. F. Suda Louisiana Mo ADDRESS _____

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.

1928

