

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

Do not use this space.

35551

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City..... (No.) St. Ward)

File No.
Registered No. 10619

2. FULL NAME

Enla Mae Ray
(a) Residence. No. 3105 Lucas St., M Ward.
(Usual place of abode)
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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Ray
6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 27, 1906
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 22 5

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

9. BIRTHPLACE (CITY OR TOWN) Pine Bluff
(STATE OR COUNTRY) Ark.

10. NAME OF FATHER Wm. Bailey
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Pine Bluff
(STATE OR COUNTRY) Ark.
12. MAIDEN NAME OF MOTHER unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown
(STATE OR COUNTRY)

14. INFORMANT John Ray
(Address) 3105 Lucas ave.

15. FILED OCT 29 1928 May B. Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 26, 1928
17. I HEREBY CERTIFY, That I attended deceased from Oct 22, 1928, to Oct 26, 1928, that I last saw her alive on Oct 26, 1928, and that death occurred, on the date stated above, at 3:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Branchial Pneumonia
107th
100th
CONTRIBUTORY (SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS? Hemoidal
(Signed) Dr. Perdue, M. D.
, 19 (Address) 2246 Franklin av

*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 Washington Park DATE OF BURIAL Oct 30, 1928

20. UNDERTAKER Peoples and Co ADDRESS 3107 Franklin

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.

