

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

Do not use this space.

43237

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. **791**
Primary Registration District No. **1003**

File No.....
Registered No. **12543**
St. Ward

2. FULL NAME

(a) Residence. No. **5331 PA** St. **15** Ward.

(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 **Colored** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Married**

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF **Alpine Howard Ray**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Jan 20 1898**

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
37			

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

9. BIRTHPLACE (CITY OR TOWN) **St. Louis Missouri**
 (STATE OR COUNTRY)

10. NAME OF FATHER **Jerry Mash Ray**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Springfield Ill**
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Lucille B. Carter**

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

14. INFORMANT **Grace Robinson**
 (Address) **3808 Locust Ave**

15. FILED **Nov 22 1928**
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Dec. 19 1928**

17. I HEREBY CERTIFY That I attended deceased from **Dec 16**, 19**28**, to **Dec 19**, 19**28** that I last saw him alive on **Dec 18**, 19**28**, and that death occurred, on the date stated above, at **12:15 A.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:
**Lobar Pneumonia
 Type I Pneumococcus
 about the week duration**

CONTRIBUTORY (SECONDARY) **1010**

18. WHERE WAS DISEASE CONTRACTED **1010**
 IF NOT AT PLACE OF DEATH?.....

0 DID AN OPERATION PRECEDE DEATH? **no** DATE OF.....
 WAS THERE AN AUTOPSY?..... **no**

WHAT TEST CONFIRMED DIAGNOSIS? **Laboratory sputum**
 (Signed) **Howard H. Beech**, M. D.
 , 19 (Address) **University Club Bldg.**

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Greenwood** DATE OF BURIAL **12/23 1928**

20. UNDERTAKER **W. Roberts & Co** ADDRESS **3035 Lucas**

WRITE PAINLY, 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.

