

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

Do not use this space.

5542

1. PLACE OF DEATH

County... Buchanan
Township...
City... Wasson

Registration District No. 85
Primary Registration District No. 1001
Wages Hospital

File No.
Registered No. 2011
St. Ward

2. FULL NAME

Anna M. Cray
(a) Residence No. 1806 Felix St. Ward.
(Usual place of abode)

(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 Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 Autumn Autumn

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

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

10. NAME OF FATHER Wm Payne

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Rhoda Payne
(Address) 1804 Felix St.

15. FILED FEB 19 1929
John Galt REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 13 - 1929

17. I HEREBY CERTIFY That I attended deceased from Jan 31, 1929, to Feb 13, 1929 that last saw h. alive on Jan 31, 1929, and that death occurred, on the date stated above, at 5 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

92A
93C
95A Chronic myocarditis
(duration) years to date
CONTRIBUTORY muscular degeneration
(SECONDARY) myocardial infarction
(duration) years to date

18. WHERE WAS DISEASE CONTRACTED at home
IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH. no DATE OF

19. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical findings
(Signed) W. S. Bleby, M. D.
(Address) 307 P. S. Bleby

*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 City Cemetery DATE OF BURIAL Feb 16 - 1929

20. UNDERTAKER Rausay Funeral Service ADDRESS 9th + Olive

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. WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.

MAR 21 1929
 231
 31
 31

