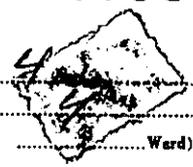


**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

7383



1. PLACE OF DEATH  
 County near Madrid Registration District No. 607  
 Township Portage Primary Registration District No. 3461  
 City Portageville (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Ray Wilby Hurley  
 (a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE Mauby Pappas Hurley

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 5 1886

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>72</u>	<u>10</u>	<u>27</u>	

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 2 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 10 1929 to 2/2 1929 that I last saw him alive on 2/1 8 1929 and that death occurred, on the date stated above, at \_\_\_\_\_ P. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

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

No Serenity  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) 164  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

9. BIRTHPLACE (CITY OR TOWN) near Parksville Mo  
 (STATE OR COUNTRY) \_\_\_\_\_

10. NAME OF FATHER Mose Hurley

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

12. MAIDEN NAME OF MOTHER Sallie Stator

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't Know  
 (STATE OR COUNTRY) \_\_\_\_\_

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
 IF NOT AT PLACE OF DEATH? \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_  
 (Signed) W. G. Kelley M. D.  
 , 19 (Address) Portageville 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.

14. INFORMANT Mrs Louisa Braewell  
 (Address) Portageville Mo

15. FILED 3/11 29 Chlock REGISTRAR

19. PLACE OF BURIAL, CREMATION OR REMOVAL Portageville DATE OF BURIAL 2/3 29  
 County Portage

20. UNDERTAKER R. W. Payne ADDRESS Portageville

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.

MAR 25 1929

1  
2  
2  
31

