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

Do not use this space.

12784

**1. PLACE OF DEATH**

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 3323

City St. Louis Mo (No. 607 N. Beaumont St. ..... Ward)

**2. FULL NAME** Henry Ray Jr.

(a) Residence. No. 607 N Beaumont St. 22 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) |
|---|---|---|
| Male | Colored | Married |

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 11-1903

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 25 | 3 | 0 | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Labour

(b) General nature of industry, business, or establishment in which employed (or employer) ——

(c) Name of employer Schullin steel co.

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Nashville Tenn.

PARENTS

10. NAME OF FATHER Henry Ray Sr.

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

12. MAIDEN NAME OF MOTHER Lula Holmes

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

14. INFORMANT Minnie Ray.
(Address) 607 N. Beaumont St

15. FILED MAR 16 1929 19 May L Stanley REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 11 1929

17. I HEREBY CERTIFY, That I attended deceased from 3 ~~March~~ 5, 1929, to March 11, 1929 that I last saw him alive on March 10 1929, and that death occurred, on the date stated above, at 7 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia fm

10E
10A 1010

(duration) ..... yrs. ..... mos. 9 ds.

CONTRIBUTORY (SECONDARY) neglected cold

(duration) ..... yrs. Second day

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) C L Puckett, M. D

3 12, 1929 (Address) 357 E Franklin

*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 Greenwood Cemetery

DATE OF BURIAL 3/17- 1929

20. UNDERTAKER Atkins und co

ADDRESS 3317 Morgan St