

AUG 22 1929

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

Do not use this space.

23762

## 1. PLACE OF DEATH

County BatesRegistration District No. 186Township CharlottePrimary Registration District No. 3078

City..... (No.....)

File No.....

Registered No. 4

St..... Ward.....

2. FULL NAME Mrs Dora Bray

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

female

## 4. COLOR OR RACE

white

## 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 26 1847

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

8227

## 8. OCCUPATION OF DECEASED

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

Retired

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

Housewife

(c) Name of employer

## 9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

North Missouri10. NAME OF FATHER Robert Lyndon Farrell

## 11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri12. MAIDEN NAME OF MOTHER - Katy Lightner

## 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

don't know

## 14

INFORMANT Mrs Mary C Judy(Address) Butler Mo

## 15

FILED July 19 291929C. A. Lusk  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 3 1929

## 17.

I HEREBY CERTIFY, That I attended deceased from April, 1929 to June 2 -, 1929 that I last saw h. alive on June 2, 1929, and that death occurred, on the date stated above, at..... m.

## THE CAUSE OF DEATH\* WAS AS FOLLOWS:

cerebral hemorrhage  
87A/amyloidosis. Transition to  
87B/epidemic transition  
16 1/2 (duration) yrs. mos. ds.

## CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

## WHAT TEST CONFIRMED DIAGNOSIS

(Signed) C. A. Lusk, M. D.. 19 (Address) Butler 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.

## 19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Double BranchesJuly 5 1929

## 20. UNDERTAKER

Culver

ADDRESS

Butler Mo

WRITE PLAINLY, 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.

