

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

Do not use this space.

28667

1. PLACE OF DEATH

County Ray
Township Ray
City Ray (No.)

Registration District No. 742
Primary Registration District No. 5977a

File No.
Registered No. 10
St. Ward

2. FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 5-1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, — hrs. or — min.
57 | 4 | 4

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

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

10. NAME OF FATHER John Gray

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

12. MAIDEN NAME OF MOTHER Lawson

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

14. INFORMANT (Address) E. Storum
Lawson Mo.

15. FILED Aug 20 1929 Ederis S. Rouse REGISTRAR

1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 1 1929

17. I HEREBY CERTIFY, That I attended deceased from May 30 1927, to Aug 1 1929, and that I last saw her alive on Aug 30 1929, and that death occurred, on the date stated above, at Ray Mo.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Leucemia of Liver
4 1/2 (duration) 4 yrs. mos. da.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRIBUTED IF NOT AT PLACE OF DEATH? Place of Death

Did an operation precede death? No. DATE OF

Was there an autopsy? No.

WHAT TEST CONFIRMED DIAGNOSIS? All symptoms indicated
(Signed) H. G. Estell, M. D.
, 19 (Address) Lawson 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 Lawson DATE OF BURIAL Aug 11 1929

20. UNDERTAKER J. M. Ward ADDRESS Lawson Mo.

WRITE FULLY, 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.

SEP 26 1929

