

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

Do not use this space.

38695

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1007
City..... No. City Hosp

File No.....
Registered No. 11112
St..... Ward)

2. FULL NAME

(a) Residence. No. 1424 Papine St., 22 Ward.
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred 4 yrs. - mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>Col</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>—</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>8-8-1893</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>36</u>	<u>3</u>	<u>3</u>	

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

9. BIRTHPLACE (CITY OR TOWN)..... Lutherville
(STATE OR COUNTRY) Ky.

PARENTS	10. NAME OF FATHER <u>Wesley Ray</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... <u>Lutherville</u> (STATE OR COUNTRY) <u>Ky.</u>
	12. MAIDEN NAME OF MOTHER <u>Parlee Hooper</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... <u>Lutherville</u> (STATE OR COUNTRY) <u>Ky.</u>

14. INFORMANT..... Wesley Ray
(Address) 1424 Papine St

15. FILED 11 1929 W. C. Stender
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 11 1929
17. I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19....., that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at..... a..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gun shot wound
173 of Abdomen
(duration)..... yrs..... mos..... ds.

CONTRIBUTORY (SECONDARY) suicide
(duration)..... yrs..... mos..... ds.

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

18 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....
WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Wm V D Dwyer, M.D.
11/12/29 (Address) Coroner

*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.....
Washington Park Cem 11/14/1929

20. UNDERTAKER..... ADDRESS.....
Peoples Und. Co Franklin

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.

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