

APR 3 1930

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

Do not use this space.

8028

1. PLACE OF DEATH  
 County Cedar Registration District No. 163  
 Township \_\_\_\_\_ Primary Registration District No. 4095  
 City Eldorado Sprgs (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Samuel W McCray  
 (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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov-19-1862

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
67 4 1

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 \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Ind

10. NAME OF FATHER Moses McCray

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Ind

12. MAIDEN NAME OF MOTHER Rebecca J Morris

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Ind

14. INFORMANT Mrs Lola U McCray (Address) Eldorado Springs, Dist R. 1

15. FILED 3-21-1930 J. W. Dawson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar-20 1930

17. I HEREBY CERTIFY, That I attended deceased from Mar 15 1930 to Mar 20 1930 that I last saw him alive on Mar 15 1930, and that death occurred, on the date stated above, at 6 PM

THE CAUSE OF DEATH WAS AS FOLLOWS:

Heart Block  
930  
950 (duration) yrs. mos. ds.  
 CONTRIBUTORY (SECONDARY) Arteriosclerosis  
No Not Known (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) J. W. Dawson M. D.  
3/21 1930 (Address) Eldorado Springs  
 \*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 City Cemetery DATE OF BURIAL 3/20 1930

20. UNDERTAKER Swim-Siders, Eldorado Springs, Mo ADDRESS \_\_\_\_\_

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.

Dr. W. P. Rogers