

JUN 5 1930

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

Do not use this space.

15956

1. PLACE OF DEATH

County Jackson
Township Blount
City Independence RR#5 (No.)

Registration District No. 298
Primary Registration District No. 5554

File No.
Registered No. 151
St. Ward

2. FULL NAME

Mary A McRay
(a) Residence. No. Independence RR#5 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)

Female White —

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

Babe

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 1 - 1930

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
0 0 2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer

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

10. NAME OF FATHER James L McRay

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

12. MAIDEN NAME OF MOTHER Leona Chapman

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

14. INFORMANT James L McRay
(Address) Independence RR#5

15. FILED 5-3-30 Ed Cook
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5/3/30 1930

17. I HEREBY CERTIFY, That I attended deceased from May 2 1930 to May 3 1930 that I last saw her alive on May 2 1930 and that death occurred, on the date stated above, at 12:10 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Premature Birth

CONTRIBUTORY (SECONDARY) 159 (duration) yrs. mos. ds. 161W (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? no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) W. H. ... M. D.
5/3 1930 (Address) Independence

*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

Lexington Mo. May 3, 1930

20. UNDERTAKER ADDRESS

OH + Mitchell Independence

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.

