

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

Do not use this space.

20222

1. PLACE OF DEATH

County Camiscot Registration District No. 651
Township Little Prairie Primary Registration District No. 9-867
City Caruthersville (No. _____) St. _____ Ward _____

File No. _____
Registered No. 79
St. _____ Ward _____

2. FULL NAME

Weller Marie Evans 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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Queen's Bray

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 11, 1912

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	17	11	16	

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) Route 2 Caruthersville
(STATE OR COUNTRY) Mo

PARENTS	10. NAME OF FATHER <u>Will Evans</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>
	12. MAIDEN NAME OF MOTHER <u>Selia Summers</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>

14. INFORMANT Will Evans
(Address) Caruthersville, Mo

15. FILED July 7, 1930 Ada Martin
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 27 - 1930

17. I HEREBY CERTIFY, That I attended deceased from June 27, 1930, to June 27, 1930, that I last saw him alive on June 27, 1930, and that death occurred, on the date stated above, at 6:00 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Cardiac Dilatation (Puerperal, trauma)

CONTRIBUTORY (SECONDARY) Valvular Lesions and Toxemia of Pregnancy
(duration) yrs. mos. ds. 9 mos. ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Micro
(Signed) James O. Vickrey, M. D.

June 28, 1930 (Address) Braggadoocio, 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 Little Prairie Cemetery DATE OF BURIAL June 28, 1930

20. UNDERTAKER J. L. LaTone ADDRESS Caruthersville Mo

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. JUL 24 1930

WHITE COPY 1, WITH FORWARDING INK—THIS IS A PERMANENT RECORD

