Dr Love

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

Do not use this space.

23598

1. PLACE OF DEATH
County Mississippi — Registration District No. 566 — File No.
Township — Primary Registration District No. 3030 — Registered No. 64
City Charleston (No. , St. Ward)

2. FULL NAME Raymond Eugene Daily
(a) Residence. No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 1 yrs. 4 mos. 14 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar-4-1929

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
1	4	14	

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

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

PARENTS
10. NAME OF FATHER Jno T. Daily
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Bertrand Mo
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Ruth Daily
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Miss Co. Mo
(STATE OR COUNTRY)

14. INFORMANT Nancy Daily
(Address) R.R. 2 Charleston Mo

15. FILED July 18th, 1930 F S Vernon REGISTRAR

MEDICAL CERTIFICATE OF DEATH 7 A.M.

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7/18 1930

17. I HEREBY CERTIFY, That I attended deceased from 7/12, 1930, to 7/18, 1930 that I last saw him alive on 7/12, 1930 and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Ileo-Colitis
119B
(duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY) 113B
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. S. Love, M. D.
7/18, 1930 (Address) Charleston, 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 Oak Grove Cemetery — DATE OF BURIAL 7/18 1930

20. UNDERTAKER The Lair Undo Co — ADDRESS Charles

WRITE PLAINLY, 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.

AUG 6 1930