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.

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

Do not use this space.

28778

**1. PLACE OF DEATH**

County..... Registration District No. 791 1003

Township..... Primary Registration District No.

City..... (No. 1025 Call St. ..... Ward)

File No.

Registered No. 9205

**2. FULL NAME** Inft Ray

(a) Residence. No. ..... St. 21 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: Black

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8-22-1930

7. AGE: YEARS | MONTHS | DAYS | If LESS than 1 day, ___ hrs. or 10 min.

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) St Louis
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER William Ray

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

12. MAIDEN NAME OF MOTHER Jessie Fisher

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

14. INFORMANT William Ray
(Address) 1025 Call St

15. FILED 24, 19 Max C. Starkey REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-22- 1930

17. I HEREBY CERTIFY, That I attended deceased from 8-22-30 ~~at birth~~ at birth, 1930, to 8-22-, 1930, that I last saw him alive on 8-22-, 1930, and that death occurred, on the date stated above, at 4 30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature Birth
159
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) not known
(duration) yrs. 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?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. F. Winston, M. D
, 19 (Address) 2746 Wash

*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: POTTERS FIELD

DATE OF BURIAL: 9/25 1930

20. UNDERTAKER: E Shannon

ADDRESS: 1426 Carroll