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

Do not use this space.

35194

File No.
Registered No. 99

1. PLACE OF DEATH
County Nodaway
Registration District No. 625-
Township
Primary Registration District No. 3031
City Maryville (No. 2nd and Fillmore Streets. St. Ward)

2. FULL NAME Raymond Perry David
(a) Residence, No. 414 West Second St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 10 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)
male	white	single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 6, 1917

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	13	10	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. schoolboy
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Oct. 20, 1931
11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Ravenwood, Missouri

FATHER
13. NAME Perry Jennings David
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Ravenwood, Missouri

MOTHER
15. MAIDEN NAME Mary Edith Craig,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Clyde, Missouri.

17. INFORMANT Perry J. David,
(ADDRESS) 414 W. 2nd St., Maryville, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ravenwood, Mo. DATE Oct. 22, 1931

19. UNDERTAKER Price Furniture Co.,
(ADDRESS) Maryville, Mo.

20. FILED Oct 21 1931 Mamie E. Cardy
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 20, 1931

22. I HEREBY CERTIFY, That ~~I attended deceased from~~ ~~I last saw him alive on~~ Death is said to have occurred on the date stated above, at 4.00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac dilatation, acute	10/20 1931
958 958	

Other contributory causes of importance:
Over-exertion, running ?

C. Name of operation Date of
What test confirmed diagnosis? none Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Chas. D. Hundley M.D., M. D.
(Address) Coroner, Nodaway, County, 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.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

NOV - 5 1937