

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

Do not use this space.

7482

1. PLACE OF DEATH 85
 County Buchanan Registration District No. _____
 Township _____ Primary Registration District No. 1001
 City St. Joseph Mo., (No. 804 North 4th) St. _____ Ward _____
Ellie May Ray

File No. _____
 Registered No. 282

2. FULL NAME _____
 (a) Residence, No. 804 North 4th 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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown 1881
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
51 Unknown 2 44
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maid
 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) Apr 1932 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia 2

MOTHER 13. NAME Albert Ray

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

15. MAIDEN NAME Emma Bennett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Tillie Ray Colemah 804 N 4th St

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Mora Cem DATE Mar 23, 1932

19. UNDERTAKER (ADDRESS) B. F. Graves Funeral Home

20. FILED 806 S 17th St

John R. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 20, 32 . 19

22. I HEREBY CERTIFY That I attended deceased from March 16, 1932, to March 20, 1932
 I last saw him alive on March 20, 1932 Death is said to have occurred on the date stated above, at 10 A. m.
 The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance: Exposure 108 1943/08
Labor Pneumonia
 Date of onset _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? Pharynx Was there an autopsy? _____

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) _____ M. D.
 (Address) 720 S 24th St, St. Joseph, Mo.

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.

APR 25 1932

MAR 23 1932

