

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

Do not use this space.

8079

**1. PLACE OF DEATH**

39 County Bremer Registration District No. 318  
 3 Township..... Primary Registration District No. 2001  
 5 City Springfield Baptist Hospital St. .... Ward)

File No. ....  
 Registered No. 199  
 St. .... Ward)

**2. FULL NAME**

Virgil Wray St., ..... Ward.  
 (a) Residence, No. Pentiac Mo (Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 15 1915

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
16 10 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student  
 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)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pentiac Mo

13. NAME Ch. J. Wray

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

15. MAIDEN NAME Jessie Mahan

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

17. INFORMANT Ch. J. Wray (ADDRESS) Pentiac Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Pentiac Mo DATE Mar. 10 1932

19. UNDERTAKER Alma Schmeizer Burdick (ADDRESS) Springfield Mo

20. FILED 3-10 1932 John Sharp Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 10 1932

22. I HEREBY CERTIFY, That I attended deceased from March 1 1932 to March 10 1932  
 I last saw him alive on March 9 1932 Death is said to have occurred on the date stated above, at 10:15 P.m.  
 The principal cause of death and related causes of importance were as follows:

Ruptured Appendix  
General Peritonitis  
 Other contributory causes of importance:  
IP1A 129 12/10

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... 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?  
 If so, specify.....  
 (Signed) Allen Smith M. D.  
 (Address) Springfield, 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 26 1932

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