

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

Do not use this space.

16071

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. R. C. General Hosp.)

Registration District No. 389
Primary Registration District No. 1002

File No. 1862
Registered No. 1862
St. _____ Ward _____

2. FULL NAME

Rabt. Wray

(a) Residence, No. 411 W Dartmouth Rd. Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 19/0 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 29 - 1859

7. AGE YEARS 73 MONTHS 1 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mo Pacific
10. Date deceased last worked at this occupation (month and year) 4 11. Total time (years) spent in this occupation 47

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

13. NAME Abalson Wray

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

15. MAIDEN NAME Melvinia Chiles

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

17. INFORMANT (ADDRESS) Mrs. Mary E Wray, 411 W Dartmouth Rd

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Cemetery DATE MAY 7 1932

19. UNDERTAKER (ADDRESS) H. W. Zimmerman, 211 E 9th St

20. FILED May 6 1932 M. M. Corne Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-6, 1932

22. I HEREBY CERTIFY That I attended deceased from Alton, Mo, 1932, to _____, 1932.

I last saw h. _____ alive on _____, 1932. Death is said to have occurred on the date stated above, at 1:30 a.m.

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

Chronic myocarditis Date of onset 930
97 130

Other contributory causes of importance: arteriosclerosis

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 _____, 1932.

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) Alton M. Hall, M. D.
(Address) Alton, 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.

