

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

Do not use this space.

22048

1. PLACE OF DEATH

County Duchaux
Township
City St. Joseph, Mo. (No. _____)

Registration District No. 85
Primary Registration District No. 1001

File No. _____
Registered No. 721
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1900 Washington St. Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Cora Wray</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 10, 1881</u>		
7. AGE	YEARS <u>51</u>	MONTHS <u>2</u>
	DAYS <u>12</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>164</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Lutherie Merc. Co</u>	
	10. Date deceased last worked at this occupation (month and year) <u>7/31</u>	
	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Missouri</u>		
FATHER	13. NAME <u>James Wray</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Mary Rickens</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Missouri</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Cora Wray St. Joseph, Mo.</u>		
18. BURIAL (CREMATION, OR REMOVAL) PLACE <u>Memorial Park</u> DATE <u>July 23, 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Fleming Funeral Home 1946 Calkins St. Joseph, Mo.</u>		
20. FILED <u>JUL 22 1932</u> <u>John K. Boudin</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22, 1932
viewed

22. I HEREBY CERTIFY, That I attended deceased from July 22-32, 19 to 19, 1932
I last saw him alive on _____, 1932 Death is said to have occurred on the date stated above, at 1:15 A.
The principal cause of death and related causes of importance were as follows:
Cerebral Apoplexy Date of onset _____
Other contributory causes of importance: **Arterio Sclerosis**
Name of operation no Date of _____
What test confirmed diagnosis? **History** Was there an autopsy no

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? no
If so, specify _____
(Signed) B. W. Tada Coroner, M. D.
(Address) 821 Francis

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.

AUG 3 2 1932

