

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

Do not use this space.

27002

1. PLACE OF DEATH  
 81 County Phelps Registration District No. 677  
 2 Township \_\_\_\_\_ Primary Registration District No. 440.3  
 4 City Holla (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Margaret Ray  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. ~~MARRIED~~ WIDOWED, OR DIVORCED  
 HUSBAND OF (OR WIFE OF) William M. Ray

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 1 - 1850

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>82</u>	<u>7</u>	<u>7</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

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) Missouri (STATE OR COUNTRY) 1

13. NAME Low Glasby

14. BIRTHPLACE (CITY OR TOWN) Ohio (STATE OR COUNTRY) 1

15. MAIDEN NAME Do not know

16. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT Mrs John Hazz (ADDRESS) newburg, mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Ray Cemetery DATE Aug 9 1932

19. UNDERTAKER The John E. \_\_\_\_\_ (ADDRESS) newburg, mo.

20. FILED Aug 9 1932 Joe F. Ayers Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 8 - 1932

22. I HEREBY CERTIFY That I attended deceased from May - 1932 to Aug 8 - 1932  
 I last saw her alive on no record, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 4:30 m.  
 The principal cause of death and related causes of importance were as follows:  
Senile insanity  
 Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

3. Name of operation no Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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 \_\_\_\_\_, 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) R. E. Brewer, M. D.  
 (Address) newburg mo

WRITE CLEARLY, 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 25 1932

bluozz

WISCONSIN

DOA

RECEIVED

NOV 19 1950