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

Do not use this space.

File No. 29111

Registered No.

1. PLACE OF DEATH

45 County: Howard

Township: Moniteau

Registration District No. 378

Primary Registration District No. 5-5-32

City ..... (No. ..... St. ..... Ward)

2. FULL NAME: Sam G Ray

(a) Residence, No. ..... 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.

OCT 26 1932

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 12-12-1897

7. AGE: Years 34 | Months 9 | Days 5 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

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): Howard Co Mo

FATHER

13. NAME: B F Ray

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Howard Co Mo

MOTHER

15. MAIDEN NAME: Mary E Nichols

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Boone

17. INFORMANT (ADDRESS): Wm Ray Rocheport R2

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Bay Springs DATE: 9-19 1932

19. UNDERTAKER (ADDRESS): C D Duncan New Franklin Mo

20. FILED 9-28 1932 V. O. Bonham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 9-17 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 16, 1932, to Sept 16, 1932

I last saw him alive on Sept 16, 1932. Death is said to have occurred on the date stated above, at 7 P. m.

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

	Date of onset
Peritonitis	about Sept 14
12 hrs	
12 hrs	

Other contributory causes of importance:

Appendicitis

Name of operation: none Date of

What test confirmed diagnosis? none 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) G. L. Chamberlain, M. D.

(Address) New Franklin, Mo