

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

Do not use this space.

33008-~~3~~^B

1. PLACE OF DEATH
 12 County: New Madrid Registration District No. 603
 6 Township: Morehouse Primary Registration District No. 4357
 3 City: Morehouse (No.) St. Ward
 2. FULL NAME: Byrd Monroe 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
 4. COLOR OR RACE: White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ellen Ray
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 8 1854
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 0 8
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
 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): White County, Illinois
 FATHER
 13. NAME: William Ray
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.
 MOTHER
 15. MAIDEN NAME: Lada Kirby
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.
 17. INFORMANT: Curt Ray Morehouse
 (ADDRESS)
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE: Idalia Mo DATE: Oct 18 1932
 19. UNDERTAKER: Home Made
 (ADDRESS)
 20. FILED: 12/10 1932 John P. Carver
 Registrar.

MEDICAL CERTIFICATE OF DEATH

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 21. DATE OF DEATH (MONTH, DAY, AND YEAR): October 16 1932
 22. I HEREBY CERTIFY, That I attended deceased from Oct 15 1932, to Oct 5 1932.
 I last saw him alive on Oct 5 1932. Death is said to have occurred on the date stated above, at 1:50 P.M.
 The principal cause of death and related causes of importance were as follows:
Cobitis
arterio-sclerosis
Chronic Myocarditis
 Other contributory cause of importance: Cholelithiasis
 Name of operation: Date of:
 What test confirmed diagnosis? Clinical 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) Harward A. Drunaway, M. D.
 (Address) Morehouse, 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.

MAXIMUM RESERVED FOR BINDING

