

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

Do not use this space.

**36444**

**1. PLACE OF DEATH**

67 County Miss Registration District No. 569  
 Township Ohio Primary Registration District No. 5745  
 City Wray (No. 11) St. Wray Ward 11

**2. FULL NAME**

Wray Oliver  
 (a) Residence, No. 11 St. Wray Ward 11  
 (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 M 4. COLOR OR RACE col 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) near 1882  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. near 50

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Corn laborer  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 237  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation all life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Carolina

13. NAME OK

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

15. MAIDEN NAME OK

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

17. INFORMANT (ADDRESS) H W Tyler

18. BURIAL, CREMATION, OR REMOVAL PLACE Wash Ridge DATE 11/4 1932

19. UNDERTAKER (ADDRESS) Lain med co

20. FILED 11/4 1932 Ed Marshall Registrar.

**1 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/3 1932

22. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
 I last saw him \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 11:30 P.M.  
 The principal cause of death and related causes of importance were as follows:

had no physician from history of case - apoplexy  
92A  
 Other contributory causes of importance: 92A

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? X 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) Ed Marshall, M. D.

(Address) Wray Mo

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

