

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

Do not use this space.

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1. PLACE OF DEATH
 County Jackson Registration District No. 889
 Township Gran Primary Registration District No. 1000
 City W.C. Guild Hosp. St. _____ Ward _____

2. FULL NAME Willis Railey
 (a) Residence, No. 1321 Helmsley 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar-12-1888

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>44</u>	-	<u>11</u>	<u>4</u>	

OCCUPATION

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

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 19

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond Mo

MOTHER FATHER

13. NAME John Railey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond Mo

15. MAIDEN NAME Sally Abury

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond Mo

17. INFORMANT Ralph Railey
 (ADDRESS) Richmond Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Richmond Mo DATE 2/5-33

19. UNDERTAKER A. D. Mansour
 (ADDRESS) Richmond Mo

20. FILED 2/5-33 1933 M. M. Levine Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/5/33 1933

22. I HEREBY CERTIFY That I attended deceased from Deputy Coroner, 1933
 I last saw him alive on _____ 1933. Death is said to have occurred on the date stated above, 2:47 A.M.
 The principal cause of death and related causes of importance were as follows:
Fracture of the skull
Acute lypoplumonia
(non-pneumonia)

Other contributory causes of importance: _____

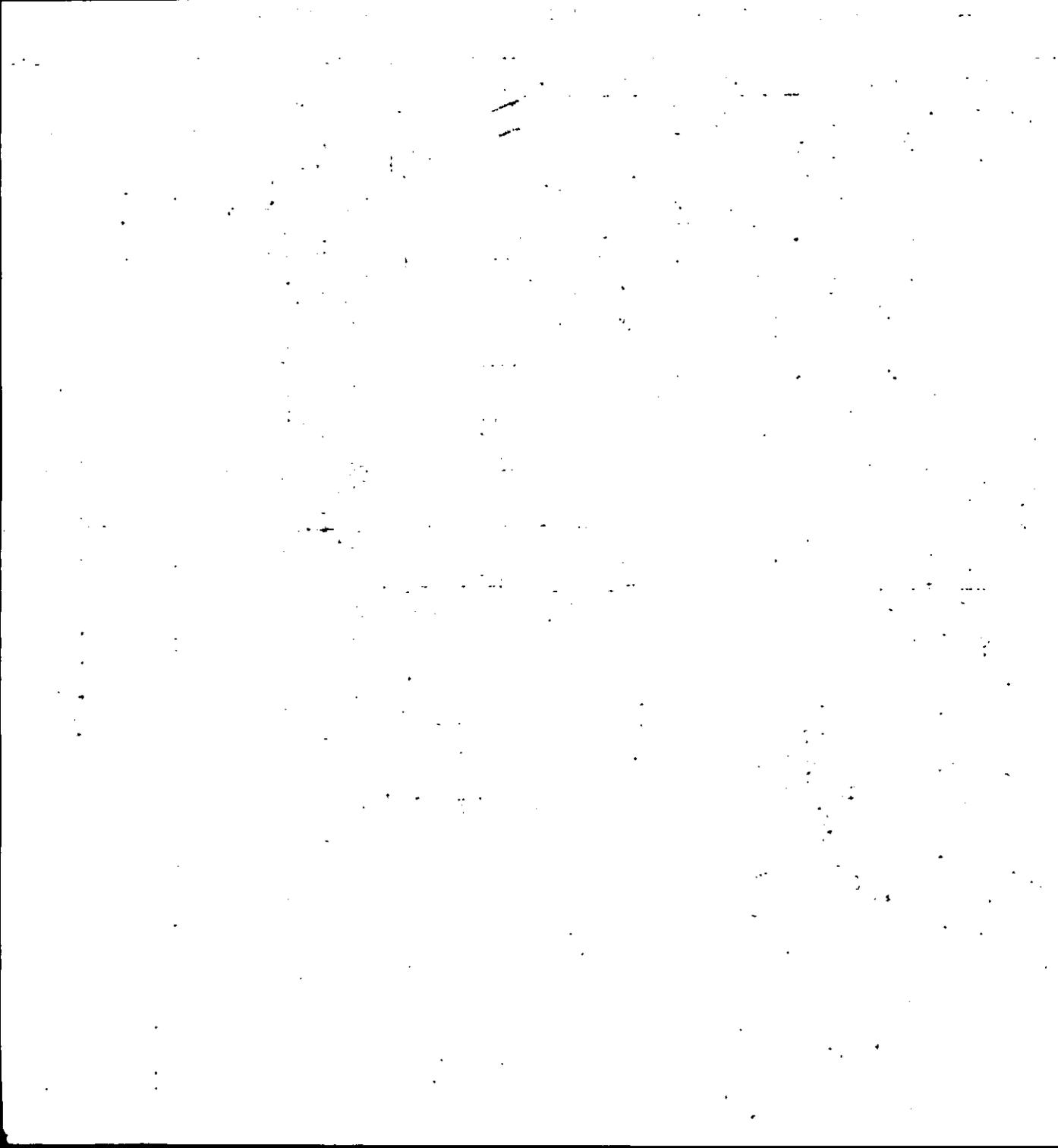
Name of operation _____ Date of _____
 What test confirmed diagnosis Autopsy as there an autopsy? yes

23. If death was due to external causes (Violence fill in also the following: Accident, suicide, or homicide) _____ Date of injury 2/5, 1933
 Where did injury occur? Richmond, Missouri
 (specify city or town, county, and State)
 Specify whether injury occurred in home, or in public place. Street

Manner of injury Trauma to head
 Nature of injury Contusion around right forehead

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) Deputy Coroner M. D.
 (Address) _____

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County.....
Township.....
City Kansas City (No.)

Registration District No. 399
Primary Registration District No. 1002

File No.
Registered No. 595
St. Ward)

2. FULL NAME

(a) Residence, No. Willis Railey 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

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

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 1/2 1933 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 5 1933

22. I HEREBY CERTIFY, That I attended deceased from to

I last saw h. alive on, 19..... Death is said to have occurred on the date stated above, at

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

Date of onset

fracture of the skull
acute leptomeningitis
non epidemic

Other contributory causes of importance:

Unknown

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? Richmond, Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury street trauma to head

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed), M. D.

(Address)

SUPPLEMENTARY

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

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