MAY 24 1933

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

Do not use this space.

14471

1. PLACE OF DEATH
County St. Louis — Registration District No. 790 — File No.
Township Central — Primary Registration District No. 6033 — Registered No.
City Clayton (No. St. Louis County Hosp. St. Ward)

2. FULL NAME Ray Bales
(a) Residence, No. 193 North Ridge St., Riverview Gardens 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 14, 1923
7. AGE YEARS 10 MONTHS ~~4~~ 1 DAYS ~~4~~ 3 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
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) Bethel (STATE OR COUNTRY) North Carolina

FATHER
13. NAME Earl B. Bales
14. BIRTHPLACE (CITY OR TOWN) Gadsden (STATE OR COUNTRY) Alabama

MOTHER
15. MAIDEN NAME Ella E. Fairis
16. BIRTHPLACE (CITY OR TOWN) Charlotte (STATE OR COUNTRY) North Carolina

17. INFORMANT Earl B. Bales (ADDRESS) 193 North Ridge River View Gdns
18. ~~BURIAL~~, CREMATION, ~~OR REMOVAL~~
PLACE Valhalla DATE 4-21- 1933
19. UNDERTAKER Wilson F. Collins (ADDRESS) 4568 McMillan, St. Louis Mo
20. FILED apr. 18, 1933 R. W. Sullivan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-17, 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-15, 1933, to 4-17, 1933
I last saw him alive on 4-17, 1933. Death is said to have occurred on the date stated above, at 7:27 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Rabies	4-16-33

21

Other contributory causes of importance

21

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was 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 ....., 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? .....
If so, specify .....
(Signed) T. R. Usher, M. D.
(Address) St. Louis County Hosp.

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.

ARGIN RESERVED FOR BINDING

V. S. NO. 2.