74

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

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

FEB 27 1935

Do not use this space.

2250

1. PLACE OF DEATH
County Nodway
Township Lincoln
City ..... (No. ....., ... St. ..... Ward)

Registration District No. ~~5823~~ 621
Primary Registration District No. ~~621~~ 5823

File No. .....
Registered No. .....

2. FULL NAME James Westley 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 W
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) Dec 15 1934
7. AGE YEARS MONTHS DAYS 25 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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) Lincoln Twp Nod Co Mo

FATHER
13. NAME Garge W Ray
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pasomwalk Mo

MOTHER
15. MAIDEN NAME Edna Amelia Dougherty
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Atchison Twp Nod Co Mo

17. INFORMANT (ADDRESS) Garge Ray Burlington Jnc
18. BURIAL, CREMATION, OR REMOVAL
PLACE La Mar Cetay DATE Jan 9 1935
19. UNDERTAKER (ADDRESS) Price & Harn
20. FILED Jan 9, 1935 Clark D Harn
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 9, 1935
22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1934 to Jan 9, 1935
I last saw him alive on Jan 8, 1935 Death is said to have occurred on the date stated above, at 9 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	Jan 7 1935
Other contributory causes of importance: Influenza	Jan 4 1935

Name of operation None 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) R E Ferguson, M. D.
(Address) Elmo Mo