

SEP 20 1935

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

Do not use this space.

26233

## 1. PLACE OF DEATH

County Greene  
Township Jackson  
City (No. ....) St. .... Ward)

Registration District No. 328  
Primary Registration District No. 5460

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

## 2. FULL NAME

(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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>aug 3 - 1935</u>				
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. <u>none</u>				
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) <u>Greene Co Mo.</u>				
13. NAME <u>Ray H McLeary</u>				
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>State of Mo.</u>				
15. MAIDEN NAME <u>Bora M. Saul.</u>				
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>State of Mo.</u>				
17. INFORMANT <u>Ray H. McLeary</u> (ADDRESS) <u>London Mo Rt 4 E</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Pilot Knob</u> DATE <u>Aug 4 - 1935</u>				
19. UNDERTAKER <u>W. D. Haines</u> (ADDRESS) <u>Highway City, Mo.</u>				
20. FILED <u>8-3</u> 19 <u>35</u> <u>Irene D. Fair</u> Registrar.				

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 3, 1935  
22. I HEREBY CERTIFY, That I attended deceased from 8/3, 1935, to 8/3/35, 19...  
I last saw him alive on aug 3, 1935 Death is said to have occurred on the date stated above, at 3:20 P. m.  
The principal cause of death and related causes of importance were as follows:

Cranial Birth Trauma 8/3/35  
16  
Other contributory causes of importance:

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 Cranial Birth Trauma  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No.  
If so, specify .....  
(Signed) W. R. Reeks, M. D.  
(Address) 2renton 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.

