

NOV 21 1935

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

Do not use this space.

29112

1. PLACE OF DEATH

County Laines  
Township Washington  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 249  
Primary Registration District No. 5347

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Charlie E. Razy

(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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 17 1865  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
70 6 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tramcar  
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) Aug 28 33 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) State of Ill.

MOTHER 13. NAME Joseph Razy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) State of Penn.

15. MAIDEN NAME Eizabeth Mayo

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) State of Ill.

17. INFORMANT Mrs Lina Razy  
(ADDRESS) Coffey Mo. York D.

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Grave DATE Sept. 5 - 1935

19. UNDERTAKER W.D. Gaines  
(ADDRESS) Union City Mo.

20. FILED Oct 14 1935 Mrs A.A. Cunningham  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEPT 4 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 29 1935 to Sept 4 1935  
I last saw him alive on Sept 1 1935 Death is said to have occurred on the date stated above, at 6 P.M.

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

Cerebral hemorrhage

Date of onset

Other contributory causes of importance:

Arteriosclerosis

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 \_\_\_\_\_, 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) J. E. WALKER, Osteopathic physician  
(Address) Union City Mo.

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

