

MAR 24 1936. MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

*Dr. Green*  
Do not use this space.  
7319  
File No. \_\_\_\_\_  
Registered No. 21 St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH

County Ray Registration District No. 744  
Township \_\_\_\_\_ Primary Registration District No. 3035  
City Richmond (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 19-1860  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
75 11 25

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. Retired  
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) Rayville, Missouri

13. NAME Jessie Crowley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Deat, Ray

15. MAIDEN NAME \_\_\_\_\_

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

17. INFORMANT Mrs Edward Coars  
(ADDRESS) Richmond, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Home DATE February 16, 1936

19. UNDERTAKER J. M. Massey  
(ADDRESS) Richmond, Missouri

20. FILED 3-10 1936 E. E. Ray  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 11, 1936  
22. I HEREBY CERTIFY That I attended deceased from Dec 1, 1935 to Jan 11, 1936  
I last saw her alive on Jan 11, 1936 Death is said to have occurred on the date stated above, at 7:00 m.

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

Arteriosclerosis  
99  
Other contributory causes of importance:

Name of operation none 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? No  
If so, specify \_\_\_\_\_  
(Signed) E. E. Ray, M. D.  
(Address) Richmond, Mo

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.

