

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

Do not use this space.

APR 14 1936

15810

1. PLACE OF DEATH

County Lafayette
Township Dover
City Dover (No. _____)

Registration District No. 460
Primary Registration District No. 1223

File No. _____
Registered No. 36
St. _____ Ward _____

2. FULL NAME Isack W Ray

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Ma 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) Dec. 15, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 3 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

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) Dover (STATE OR COUNTRY) Mo.

13. NAME Daniel Ray

14. BIRTHPLACE (CITY OR TOWN) Virginia (STATE OR COUNTRY)

15. MAIDEN NAME Melvina Cox

16. BIRTHPLACE (CITY OR TOWN) Dover (STATE OR COUNTRY) Mo.

17. INFORMANT Frank C. Ray (ADDRESS) Dover Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Dover Mo. DATE April 6, 1936

19. UNDERTAKER Winkler (ADDRESS) Lexington, Mo.

20. FILED April 6, 1936 M. G. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1935 to Apr 4, 1936, 1936
I last saw him alive on Apr 4, 1935. Death is said to have occurred on the date stated above, at 5-0 m.

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

Chronic Endocarditis
Endocarditis
922

Date of onset _____

Other contributory causes of importance: _____

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 _____, 1936

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 H. G. Hinwood (Signed) _____, M. D.
Dover Mo (Address)

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.

