

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

Do not use this space.

AUG 31 1936

29699

1. PLACE OF DEATH

County North
Township Union
City (No. _____) _____

Registration District No. 904
Primary Registration District No. 6215-

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

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 74 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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Rosa Ray</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 22 - 1861</u>		
7. AGE <u>74</u>	YEARS <u>8</u>	MONTHS <u>17</u>
		DAYS <u>17</u>
		IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</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
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>North Co. Mo.</u>	
	13. NAME <u>W. B. Ray</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clinton Co. Mo.</u>	
	15. MAIDEN NAME <u>Rosen</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>		
17. INFORMANT <u>Chas. W. W. Sherdane Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Grading Cemetery</u> DATE <u>July 12 1936</u>		
19. UNDERTAKER <u>Long & Sons</u>		
20. FILED <u>July 13 1936</u> <u>Wm. O. H. Bond</u> Registrar		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9 1936

22. I HEREBY CERTIFY That I attended deceased from Oct 20 1932 to July 8 1936

I last saw him alive on July 19 - 8 1936 Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:
cerebral Hemorrhage Date of onset July 8

Other contributory causes of importance:
fall

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? No
If so, specify _____
(Signed) Al. Long M. D.
(Address) Sherdane Mo

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

