

NOV 23 1936

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

Do not use this space.

37255

1. PLACE OF DEATH

County Dunklin Registration District No. 287
Township Clay Primary Registration District No. 5705
City (No.) St. Ward (No.)

File No.

Registered No.

2. FULL NAME

Willie Ray
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 20, 1936

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Mabel Davis

22. I HEREBY CERTIFY, That I attended deceased from venereal disease, 1936

I last saw him alive on Sept 20, 1936. Death is said to have occurred on the date stated above, at 10:00 am.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 21 1860

7. AGE YEARS 76 MONTHS 6 DAYS 1 If LESS than 1 day, hrs. or min.

Pneumonia Date of onset 20-31

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

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

Other contributory causes of importance: Pericarditis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jennu

13. NAME Milton Ray

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

15. MAIDEN NAME Franklin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jennu

17. INFORMANT Jim Hamilton

18. BURIAL, CREMATION, OR REMOVAL PLACE Hannauville DATE Oct 22

19. UNDERTAKER (ADDRESS) Dr. J. R. Rigdon

20. FILED Oct 21 1936 Registrar.

Name of operation Date of 560

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? no

If so, specify

(Signed) J. R. Rigdon, M. D.

(Address) Hannauville, 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.

