

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

Do not use this space.

JAN 23 1937

45918

1. PLACE OF DEATH

County Ray co
Township Raymond
City Raymond (No. 5771)

Registration District No. 744
Primary Registration District No. 3035

File No. 129
Registered No. 129
St. _____ Ward _____

2. FULL NAME

(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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 6, 1936

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>0</u>	<u>0</u>	<u>3</u>	

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. _____
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) (STATE OR COUNTRY) Rayville, Mo

13. NAME James F. Proffitt

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

15. MAIDEN NAME Sarah Gladys Bryant

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray co

17. INFORMANT James F. Proffitt
(ADDRESS) Rayville

18. BURIAL, CREMATION, OR REMOVAL PLACE New Garden DATE Oct 2 1936

19. UNDERTAKER C. M. Jorgensen
(ADDRESS) Rich. Jorgensen, Mo

20. FILED 1-9 1937 E. E. Day
Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 6, 1936 to Dec 9, 1936

I last saw him alive on Dec 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:

Premature Birth - 7 months
atelectasis

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: no
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 John F. Grace, M. D.
(Signed)

(Address) Excelsior Springs, 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.

