

JUN 22 1936

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

Do not use this space.

48308

1. PLACE OF DEATH

County Lincoln
Township Millwood
City Millwood (No. _____)

Registration District No. 4-90
Primary Registration District No. 5654

File No. _____
Registered No. 4 St. _____ Ward _____

2. FULL NAME

Stillborn

(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 <u>M.</u>	4. COLOR OR RACE <u>R.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May-17-1936</u>		
7. AGE	YEARS <u>7</u>	MONTHS <u>+</u>
	DAYS <u>+</u>	If LESS than 1 day, <u>2</u> hrs. or <u>2</u> min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____	11. Total time (years) spent in this occupation _____
	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) _____	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Siles Mo.

13. NAME John R. Duff

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Siles Mo.

15. MAIDEN NAME Olla Marie Dannon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Conrad Co. Mo.

17. INFORMANT (ADDRESS) John R. Duff

18. BURIAL, CREMATION, OR REMOVAL PLACE Fun. premises DATE May-17-1936

19. UNDERTAKER (ADDRESS) Siles Mo.

20. FILED 5-18-36 O. H. Dannon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May-17-1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 1936, to _____, 1936

I last saw him alive on _____, 1936. Death is said to have occurred on the date stated above, at 7 A. m.

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

Unknown

Other contributory causes of importance: _____

Name of operation None Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

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? _____
If so, specify O. H. Dannon, M. D.
(Signed) Siles 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.

THE
 UNITED STATES OF AMERICA
 DISTRICT COURT OF THE DISTRICT OF COLUMBIA
 IN RE: THE ESTATE OF JAMES EARL RAY, DECEASED
 WILLIAM H. HAYES, Plaintiff
 vs.
 THE UNITED STATES OF AMERICA, Defendant
 Case No. 45-1000

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