

FEB 17 1937

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

Do not use this space.

6086

461 PLACE OF DEATH
County Winnemucca Registration District No. 383
Township Yards Berry Primary Registration District No. 55-34
City Winnemucca Mo. (No.) St. Ward (No.)

2. FULL NAME Priscilla W Ray
(a) Residence, No. Winnemucca Mo. 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 F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 17 - 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 - 17

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

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) Canada

MOTHER FATHER

13. NAME Not known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT (ADDRESS) Winnemucca Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Winnemucca Mo. DATE Feb 7 1937

19. UNDERTAKER (ADDRESS) Winnemucca Mo.

20. FILED 228 1937 S. W. Wingham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 4 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug - 1936 to 2-4-1937
I last saw him alive on 1-2-1937. Death is said to have occurred on the date stated above, at 6 P.M.
The principal cause of death and related causes of importance were as follows:
Enlarged Heart with Valvular Lesions.
Other contributory causes of importance: General Edema

Name of operation Date of
What test confirmed diagnosis? Physical Was there an autopsy? no

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) C. R. Merrill, M. D.
(Address) Winnemucca 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.

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