

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.

MAY 18 1937

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

Do not use this space.

15860

File No.
Registered No.
St. Ward)

1. PLACE OF DEATH

12 County Butler Registration District No. 92
Township Willie Bluff Primary Registration District No. 5137
City Quincy (No., St. Ward)

2. FULL NAME

Sarah Ray
(a) Residence, No. St. Ward. (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rufus Ray
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 15-1868
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 2 16

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 1 1937
22. I HEREBY CERTIFY, that I attended deceased from Dec. 27, 1936, to Jan. 1, 1937
I last saw h. et. alive on Dec. 30, 1936. Death is said to have occurred on the date stated above, at 3:40 p. m.
The principal cause of death and related causes of importance were as follows:

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.....

Myocarditis, Acute Date of onset 2 days
10
Other contributory causes of importance: Pneumonia, Lobar (lower left lobe) 2-24-37

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

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No.

13. NAME Unknown

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.

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

Manner of injury
Nature of injury

15. MAIDEN NAME Unknown

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify

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

(Signed) J. G. Holt, M. D. (Address) Quincy, Mo.

17. INFORMANT James Ray (ADDRESS) Quincy, Mo.

20. FILED 2-10 1937 Scott Cook Registrar.

18. BURIAL, CREMATION, OR REMOVAL PLACE Crowley DATE Jan 2 1937

19. UNDERTAKER (ADDRESS) J. G. Holt Quincy, Mo.

