

JUN 12 1937

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

Do not use this space.

19057

1. PLACE OF DEATH

County Jackson  
Township Ray  
City Ray Mo. (No. General Hosp. #2)

Registration District No. 399  
Primary Registration District No. 11002

File No. \_\_\_\_\_  
Registered No. 322 St. 3rd Ward

2. FULL NAME

(a) Residence, No. 2447 Highland 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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-13 1937

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

22. I HEREBY CERTIFY, That I attended deceased from 5-11 1937, to 5-13 1937

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

I last saw him alive on 5-13 1937 Death is said to have occurred on the date stated above, at 7:10 PM.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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. None  
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 \_\_\_\_\_

Intestinal Obstruction (Operated)

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

Other contributory causes of importance: Volulus

13. NAME George M. Moxey

Name of operation Obstruction Date of 5/13/37

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nashville Tenn.

What test confirmed diagnosis? Clinical Was there an autopsy? No

15. MAIDEN NAME Minerva

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

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

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

17. INFORMANT (ADDRESS) Record Clerk

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE 5/17 1937

Manner of injury \_\_\_\_\_ Nature of injury \_\_\_\_\_

19. UNDERTAKER (ADDRESS) Watkins Bros 1724 Lyden

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

20. FILED May 17 3:31 PM 1937 M. M. Brown Registrar.

If so, specify \_\_\_\_\_ (Signed) G. P. Brown M. D.

(Address) General Hosp. #2

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.

