

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

JUN 16 1936

File No. **19395**

1. PLACE OF DEATH

County Hollinger
 Township Fallmore
 City Greasy-Mor (No. 7)

Registration District No. 69
 Primary Registration District No. 5105

Registered No. _____
 St. _____ Ward _____

2. FULL NAME

Thomas Wray

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male, **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April, 14, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan, 14th 1921

I last saw h..... alive on....., 19____. Death is said to have occurred on the date stated above, at..... m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
 15, 3

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. Student
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**

Lober Pneumonia Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Glenallen,

Other contributory causes of importance: 108

13. NAME Joe Wray,

Name of operation..... Date of.....

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Glenallen,

What test confirmed diagnosis?..... Was there an autopsy?.....

15. MAIDEN NAME Effa Mitchel

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) Glenallen, Mo.

Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Joe Wray, GRUBBY Mo,
 (ADDRESS)

Manner of injury.....

18. BURIAL, CREMATION, OR REMOVAL 1936.
 PLACE Fray VC. motery DATE Aprl, 15th, 19____

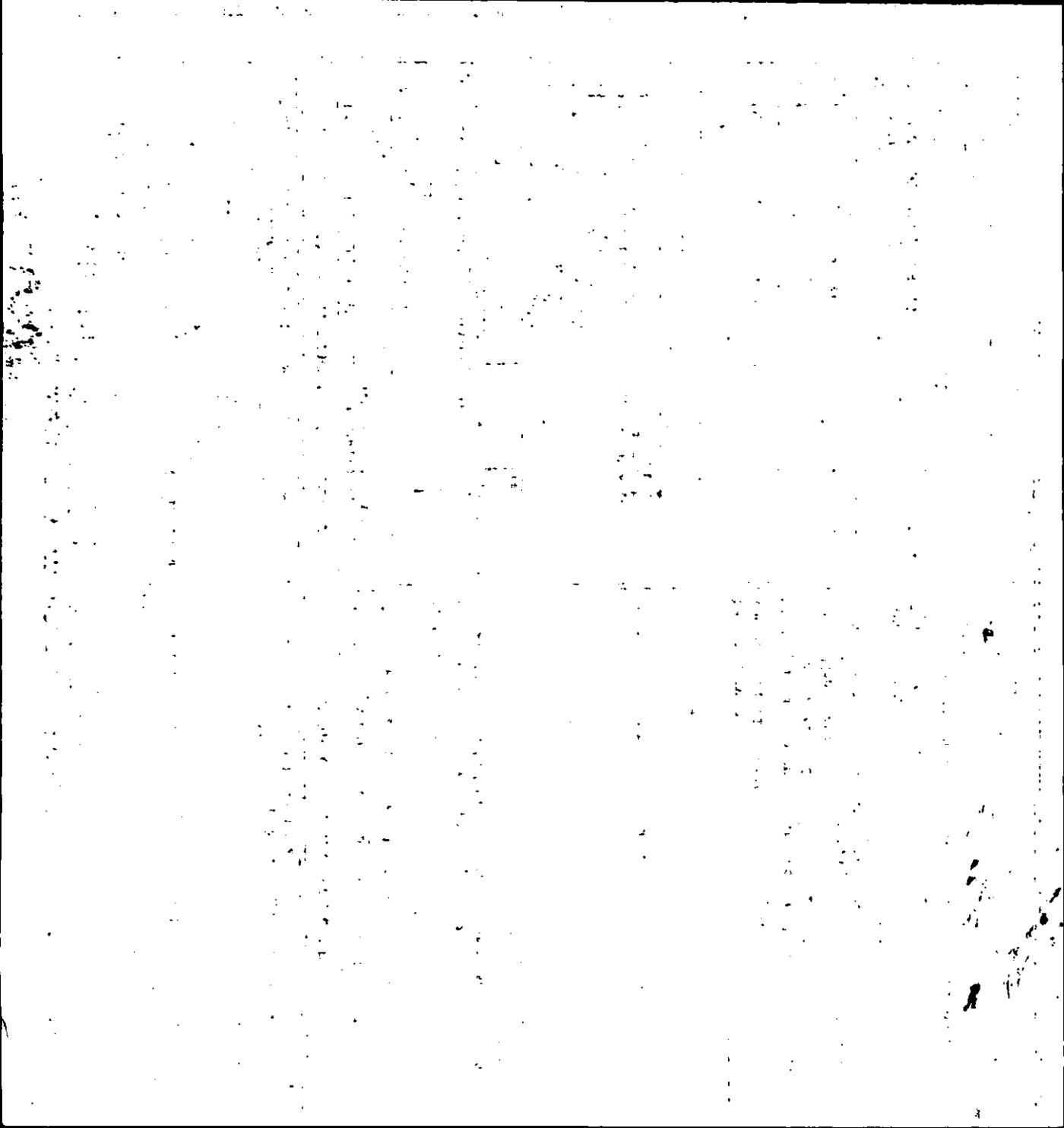
Nature of injury.....

19. UNDERTAKER A. L. Baker.
 (ADDRESS) Lutesville, Mo,

24. Was disease or injury in any way related to occupation of deceased?.....
 If so, specify.....

20. FILED 19 _____
 Registrar.

(Signed) St. Vaughn, M. D.
 (Address) Patterson, Mo



**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Bollinger Registration District No. 69
 Township Fillmore Primary Registration District No. 5705
 City (No.) St. Ward)

File No. 19395
 Registered No. _____

2. FULL NAME

Thomas Wray

(s) 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) s

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
15 3 0

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
 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) Glen Allen

FATHER
 13. NAME Joe Wray

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Glen Allen

MOTHER
 15. MAIDEN NAME Effie Mitchell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Glen Allen Mo

17. INFORMANT (ADDRESS) Joe Wray mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Wray Cemetery DATE April 15, 1937

19. UNDERTAKER (ADDRESS) D. L. Baker

20. FILED July 18, 1937 Mrs. J. A. Berry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the _____ stated above, at 11:45 p.m.

The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____
 (Signed) S. C. Vaughan, M. D.
 (Address) Patton mo

TEMPORARY

5-19395