

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.

JUL 28 1937

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

Do not use this space.

1. PLACE OF DEATH

County Henry 2
Township Osgate 1
City (No.)

Registration District No. 348
Primary Registration District No. 5486

File No. 23819
Registered No. 376
St. Ward

2. FULL NAME

Mary DeLora Raymond
(a) 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mch 17, 1861
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 76 3 23
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

OCCUPATION

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry Co Mo13. NAME James Coale14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monitor Co Mo15. MAIDEN NAME Sophia Evans16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know17. INFORMANT (ADDRESS) Ray Raymond18. BURIAL, CREMATION, OR REMOVAL PLACE Sozo Hope DATE July 2, 3719. UNDERTAKER (ADDRESS) C. D. Tackett20. FILED June 30, 1937 C. D. Taylor, Dist. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-30, 193722. I HEREBY CERTIFY, That I attended deceased from on 6/30/37, to , 19 I last saw alive on , 19 . Death is saidto have occurred on the date stated above, at 6 A.m.

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

Dead when I arrived from history was probableCoronary ThrombosisOther 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) E. C. Pelroy M. D.(Address) Clinton Mo

