

SEP 20 1937

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

Do not use this space.

30824

1. PLACE OF DEATH

County Madison Registration District No. 379
Township Chariton Primary Registration District No. 4223
City Glasgow (No. _____) St. _____ Ward _____

2. FULL NAME

William M. McCray
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 69 yrs. 11 mos. 17 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 Male 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 28 - 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
69 11 17

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Section Hand

10. Date deceased last worked at this occupation (month and year) June 1936 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Glasgow, Mo.

13. NAME Wm. McCray

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fresh Spring, Mo.

15. MAIDEN NAME Sallie Carson

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

17. INFORMANT (ADDRESS) Mrs Fannie McCray

18. BURIAL, CREMATION, OR REMOVAL PLACE Sinclair Cemetery Aug 16 1937

19. UNDERTAKER (ADDRESS) Hillen + Freeman

20. FILED Aug 16 1937 of W. Burkner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 14 1937

22. I HEREBY CERTIFY, That I attended deceased from 6 - 7, 1937 to 8 - 14, 1937
I last saw him alive on 8 - 7, 1937. Death is said

to have occurred on the date stated above, at 10:20 a.m.

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

Myocarditis Date of onset _____

Other contributory causes of importance: 93 J 1

Name of operation none 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? no
If so, specify _____

(Signed) W. B. Stetson, M. D.
(Address) Glasgow, 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.

