

38
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OCT 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County Gentry
Township Albany
City Albany (No. 2)

Registration District No. 309
Primary Registration District No. 4185

File No. 34191
Registered No. 56
St. _____ Ward _____

2. FULL NAME

Ray Vern Seary

(a) Residence, No. _____ St. _____ 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 27, 1937 to Sept 13, 1937
I last saw him alive on Sept 10, 1937 Death is said to have occurred on the date stated above, at 3 P. m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 27-1937

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 16

Date of onset

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

Premature birth
Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Albany Mo

13. NAME Ray Vern Seary

Name of operation _____ Date of _____
159
What test confirmed diagnosis? _____ Was there an autopsy? _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gentry Co Mo

15. MAIDEN NAME Phyllis Mahoney

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. _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gentry Co Mo

17. INFORMANT (ADDRESS) Ray Vern Seary Albany Mo

Manner of injury _____
Nature of injury _____

18. BURIAL CREMATION OR REMOVAL PLACE Miller DATE Sept 14, 1937

19. UNDERTAKER (ADDRESS) Brooks Funeral Home Albany

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) W. H. Martin M. D.
(Address) Albany

20. FILE Sept 14, 1937 Registrar W. H. Martin

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

