

OCT 27 1937

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

Do not use this space.

1. PLACE OF DEATH

 County Webster Registration District No. 901
 Townshp. Saylorw. Bertrm Primary Registration District No. 6209
 City No. St. Ward

 File No. 35600
 Registered No. #5 16

2. FULL NAME

 (a) Residence, No. Jerry Raymond Jay St. Ward.

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 <u>Male</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 3, 1937</u>		
7. AGE	YEARS	MONTHS
		DAYS
		If LESS than 1 day,hra. ormin.
	<u>7</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) Webster Co. Missouri
(STATE OR COUNTRY)13. NAME Raymond Jay14. BIRTHPLACE (CITY OR TOWN) Webster Co. Missouri
(STATE OR COUNTRY)15. MAIDEN NAME Eva Burkes16. BIRTHPLACE (CITY OR TOWN) Webster Co. Missouri
(STATE OR COUNTRY)17. INFORMANT Mrs. Raymond Jay
(ADDRESS) Rogersville Mo18. BURIAL, CREMATION, OR REMOVAL
PLACE White Oak Cem DATE Sept. 11 3719. UNDERTAKER Nelley and Ferrell
(ADDRESS) Rogersville Mo.20. FILED 9-12-37 J. P. Bassore
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 10 1937
 22. I HEREBY CERTIFY, That I attended deceased from 9-3-37, 1937, to 9-10-37, 1937.
 I last saw him alive on Sept. 10 37 Death is said

 to have occurred on the date stated above, at 9:30 AM.
 The principal cause of death and related causes of importance were as follows:
Cardiac Insufficiency
 Other contributory causes of importance: 1570
Premature birth

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

 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 R. G. Baile(Signed) R. G. Baile, M. D.(Address) Rogersville 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.

