

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

NOV 17 1937

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

9105 Do not use this space.

37559

1. PLACE OF DEATH

County Douglas Registration District No. 280 File No. _____
Township Mo. Huntory Primary Registration District No. 5383 Registered No. _____
City Ava Mo. R. 2 (No. _____) St. _____ Ward _____

2. FULL NAME

Jessie Beulah Ray

(a) Residential 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

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 13 1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 8 13

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

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

MOTHER / FATHER 13. NAME P. M. Raper

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

15. MAIDEN NAME Amandy Price

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

17. INFORMANT Mary Ray (ADDRESS) Ava, Mo. R. 2

18. BURIAL, CREMATION, OR REMOVAL PLACE Bushyknob DATE 9-29 1937

19. UNDERTAKER C. W. Clinkingbeard (ADDRESS) Ava, Mo.

20. FILED Nov. 10, 1937 Mrs. Max Rabman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 26, 1937, to only, 1937

I last saw her alive on Sept 26, 1937 Death is said to have occurred on the date stated above, at 8 P. m.

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

Apoplexy

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 _____, 1937

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) J. L. Gruber M. D.
(Address) Ava, Mo.

Dr. [unclear]