

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

Do not use this space.

DEC 16 1937

1. PLACE OF DEATH

County Dent
 Township Current
 City (No. _____) _____

Registration District No. 1035
 Primary Registration District No. 537

File No. 41140
 Registered No. 13
 St. _____ Ward _____

2. FULL NAME Ray A Bain

(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. da. How long in U. S., if of foreign birth? yrs. mos. da.

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1882

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>55</u>	<u>7</u>	<u>29</u>	

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

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 all life

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

13. NAME Ray Bain

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

15. MAIDEN NAME Mary Cray

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

17. INFORMANT Hayward Nelson
 (ADDRESS) Jay Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Patterson Cemetery STATE Mo 1937

19. UNDERTAKER W. K. Spencer
 (ADDRESS) Salmon Mo

20. FILED 11 30 1937 J. A. Kiscock
 Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 25, 1937, to Nov 30, 1937
 I last saw him alive on Nov 30, 1937 Death is said to have occurred on the date stated above, at 8 1/2 m.

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

Carcinoma of Lenses Date of onset _____

Other contributory causes of importance: _____

Name of operation Exploratory Date of Nov 15 37
 What test confirmed diagnosis? gross Was there an autopsy? Yes

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) Lester Randall, M. D.
 (Address) Lucky Mo

THE UNIVERSITY OF CHICAGO
DIVISION OF THE PHYSICAL SCIENCES
DEPARTMENT OF CHEMISTRY

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