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.

REC'D MAR 21 1938

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

Do not use this space.

7356

1. PLACE OF DEATH — 62 County Madison — Registration District No. 538 — File No. 7356
Township — Primary Registration District No. 3028 — Registered No. 9
City Fredericktown (No. ..... St. ..... Ward)

2. FULL NAME Bobby Lee Wray 600
(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: M
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): Oct. 4 - 1937

7. AGE: YEARS — MONTHS 3 DAYS 29 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
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): Fredericktown Mo. 0

FATHER
13. NAME: Leo Wray 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Madison Co. Mo. 0

MOTHER
15. MAIDEN NAME: Ruth Young
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Madison Co. Mo.

17. INFORMANT (ADDRESS): Leo Wray Fredericktown Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Pisgah Cemetery Madison Co. Mo. DATE: Feb. 4, 1938

19. UNDERTAKER (ADDRESS): Ed. H. Webb Fredericktown Mo

20. FILED: Feb 4, 1938 S. C. Slaughter 481 Registrar.
By E. D. Schwaner.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 3, 1938 to 2/3, 1938
I last saw him alive on dead at 6:30 AM 2/3 1938 Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:
Smothered to death
In bed clothing
182
Other contributory causes of importance:
Date of onset

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? Accid Date of injury 2-3, 1938
Where did injury occur? Madison Co. Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Home
Manner of injury Smothered
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) M. B. Barber, M. D.
(Address) Fredericktown Mo