

REC'D APR 19 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

33 County DeKalb.
 20 Township Camden.
 0 City Maysville. (No. 600)

Registration District No. 259Primary Registration District No. 4158File No. 10607

Registered No. _____

St. _____ Ward _____

2. FULL NAME

Belle Bray. 600

(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

3. SEX

Female.

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

Single.

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

June 8, 1874.

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

63915

OCCUPATION

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

At home.

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)

DeKalb County, 0
Missouri.

13. NAME

James L. Bray. 1

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

Indiana. 1

15. MAIDEN NAME

Maggie E. Harmon. a

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

Indiana.

17. INFORMANT (ADDRESS)

Miss. Allie Bray,
Maysville, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Maysville Cem. DATE March 24, 1938

19. UNDERTAKER (ADDRESS)

U. G. Pilcher,
Maysville, Mo.

20. FILED

3-281938Edith H. Brown

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 23, 193822. I HEREBY CERTIFY, That I attended deceased from March 1, 1938 to March 23, 1938I last saw her alive on March 22, 1938 Death is saidto have occurred on the date stated above, at 1:30 A.M.

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

Chronic Parenchymatous Nephritis

Date of onset

Other contributory causes of importance:

Chronic Myocarditis

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? no

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) Dr. R. R. Reynolds,(Address) Maysville, Mo.234

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.

