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 JUN 22 1938

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

Do not use this space.

1. PLACE OF DEATH
County Carter
Township Carter
City Van Buren (No. ..... St. ..... Ward)
Registration District No. 143
Primary Registration District No. 5205
File No. 17969
Registered No. .....

2. FULL NAME Hermas Leslie Ray 666 Co. 1731
(a) Residence, No. ..... St., ... Ward. Winona, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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) Febr. 1, 1915
7. AGE YEARS 23 MONTHS 3 DAYS 7 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common labor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 666 Camp
10. Date deceased last worked at this occupation (month and year) May 1938
11. Total time (years) spent in this occupation 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oxly, Missouri

FATHER
13. NAME Sol Ray
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER
15. MAIDEN NAME Catherine Heidinger
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cisnie, Illinois

17. INFORMANT (ADDRESS) C. H. Ray (brother) Oxly, Missouri.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Oxley Mo. DATE 5-10 1938
19. UNDERTAKER (ADDRESS) Cray Funeral Service Van Buren Mo
20. FILED 5-10- 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8, 1938
22. I HEREBY CERTIFY, That I attended deceased from May 7, 1938, to May 8, 1938
I last saw him alive on May 8, 1938 Death is said to have occurred on the date stated above, at 12:45 A m.
The principal cause of death and related causes of importance were as follows:
Skull fracture — Date of onset 5-7-38
Other contributory causes of importance:
Name of operation None 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? Accident Date of injury 5-7-, 1938
Where did injury occur? Winona, Shannon County, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public place
Manner of injury Automobile accident (collision)
Nature of injury Skull fracture
24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify
(Signed) Harry B. Weinberg, M. D.
(Address) Co. 1731 666 Winona, Mo.