

REC'D SEP 16 1938

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

30095
Do not use this space.

1. PLACE OF DEATH

(a) County Saline Registration District No. 799
(b) Township _____ Primary Registration District No. 4479 Registered No. 42
(c) City Slater (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

George Walter Ray
(a) Residence, No. Slater, Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/11/38 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Zoe Ray

22. I HEREBY CERTIFY, That I attended deceased from 1922, 1922, to Sept - 11 -, 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12/18/1881

I last saw him alive on Sept - 10 -, 1938. Death is said to have occurred on the date stated above, at 4:30 a.m. III
The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
56 8 23

Chronic Myocarditis Date of onset 20 May 1922

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Mechanic
9. Industry or business in which work was done, as saw mill, bank, etc. R R
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Other contributory causes of importance: None
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Attilia, Ill.

FATHER 13. NAME James Ray

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

MOTHER 15. MAIDEN NAME Winnie Fuller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Attilia, Ill.

17. INFORMANT (ADDRESS) rs. Zoe Ray, Slater, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis, Mo. DATE 9/14/38

19. FUNERAL DIRECTOR (ADDRESS) Bill Prothers, Slater, Mo.

20. FILED Sept 12, 1938 W. M. Tuttle Local Registrar.

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? No
If so, specify (Signed) M. G. Higgins, M. D. (Address) Slater, Mo.

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

STATEMENT BY LICENSED EMBALMER

I, Sam M Hill, Licensed Embalmer No. 1292

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself
..... L. E.

No. or by, Registered Apprentice No.
working under my personal supervision.

Signed Sam M Hill

Licensed Embalmer No. 1292

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)