

SEP 28 1938

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

Do not use this space.

PLACE OF DEATH

County

Township

City

Washington
Newspaper

Registration District No.

Primary Registration District No.

889

6183-

File No.

Registered No.

30274

St.

Ward

2. FULL NAME

Murda Ray

(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)

Married

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

James Ray

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

6-10-1891

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

47

1

3

OCCUPATION

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

Hand Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Total time (years) spent in this occupation

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

Mountain Brook Ark

13. NAME

Wm. J. Macy

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

Dot Snow

15. MAIDEN NAME

Dart Snow

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

Dart Snow

17. INFORMANT (ADDRESS)

James Ray
Newspaper

18. BURIAL, CREMATION, OR REMOVAL

PLACE Newspapers DATE 7-13 1938

19. UNDERTAKER (ADDRESS)

Burman Burman
James Burman Ark

20. FILED

7-13 1938

38

O. W. Parker

Registrar

MEDICAL CERTIFICATE OF DEATH

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

7-12 1938

22. I HEREBY CERTIFY, That I attended deceased from

I died not last this

I last saw him on

to have occurred on the date stated above, at

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

Causes of Womb
Disrupt from toward
14th St. and Cause
Hospital in St. Louis
on 7-6-1938

Date of onset

Other contributory causes of importance:

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? Date of injury

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)

O. W. Parker, M. D.

(Address) Newspapers

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is

