

DEC 15 1938

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

Do not use this space.

1. PLACE OF DEATH

County Schuyler  
Township Prarie  
City Queenicity Mo. (No. \_\_\_\_\_, St. \_\_\_\_\_ Ward)

Registration District No. 806  
Primary Registration District No. 6051

File No. 30332  
Registered No. \_\_\_\_\_

2. FULL NAME Sarah A. Ray

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S., if of foreign birth? 2 yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 1853

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec, 9th 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
85 7 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work  
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) 12 months  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Collage Mound Mo. (STATE OR COUNTRY)

13. NAME James K. Singleton

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

15. MAIDEN NAME Deida Wisdom

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

17. INFORMANT William T. Ray (ADDRESS) Queenicity Mo., R.F.D.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethel Cemetary DATE Aug 6 1939

19. UNDERTAKER William N. West (ADDRESS) Queenicity Mo.

20. FILED 8/5 1939 Oliver B. Jones Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 4 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 1938, to Aug 4 1939

I last saw her alive on Aug 4 1939. Death is said to have occurred on the date stated above, at 12:30 P. m.  
The principal cause of death and related causes of importance were as follows:

Cancer of the Lungs Date of onset Apr 38

Other contributory causes of importance: Injured Digestive Organs

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 \_\_\_\_\_ 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) O. P. Green D. O. 3 M. D. (Address) Queenicity Mo.

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.

*J. Wm. H. West* holder of Endorsement  
License 2882 prepared by myself  
*J. Wm. H. West*

RECEIVED

District Health Officer No. 10

District File Number 9-39-1550

Date Filed SEP 7 1939