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.

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

FILED FEB 7 1940

Do not use this space.

File No. 3311
Registered No. 4

1. PLACE OF DEATH
County: Pettis
Registration District No. 668
Township:
Primary Registration District No. 3032
City: Sedalia, Mo. (No. Bathwell Hosp. St. Ward)

2. FULL NAME: Ray Nershel Peace

(a) Residence, No. Windsor, Mo St., R#4 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred ~~yrs.~~ 17 ~~mos.~~ Yrs. ~~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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 2, 1897

7. AGE 42 YEARS 9 MONTHS 3 DAYS If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer (W.P.A.)
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) 11-15-39
11. Total time (years) spent in this occupation 3 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mercer Co. Mo

FATHER
13. NAME Uel Peace
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mercer Co. Mo.

MOTHER
15. MAIDEN NAME Nettie Evans
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) Ina Marble Peace Windsor, Mo. R#4

18. BURIAL, CREMATION, OR REMOVAL
PLACE Clear Creek DATE Jan 6 1940

19. UNDERTAKER (ADDRESS) Houston + Trimble Windsor Mo

20. FILED Jan 5 1940 Mrs. Harry Sneed Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 5 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1940 to Jan 5, 1940
I last saw ~~him~~ alive on Jan 4, 1940. Death is said to have occurred on the date stated above, at 4 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhoid fever	

Other contributory causes of importance:
Hemorrhage from bowels

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? No
If so, specify .....
(Signed) M. Dooley, M. D.
(Address) Sedalia Mo

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7/1/40