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

Do not use this space.

19139

File No.

Registered No. 69

JUN 13 1940

1. PLACE OF DEATH

County Nodaway

Township Polk.

City (No. , St. Ward)

Registration District No. 626

Primary Registration District No. 0-827

2. FULL NAME Isaac Newton Wray

(a) Residence, No. Pickering, Mo. 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. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) |
|---|---|---|
| Male | White | Widower |

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 8, 1839

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 100 | 5 | 21 | |

OCCUPATION

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

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. Total time (years) spent in this occupation

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

FATHER

13. NAME John Wray

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

MOTHER

15. MAIDEN NAME Sarah Wiseman

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

17. INFORMANT Ernest Wray
(ADDRESS) Maryville, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Myrtle Tree DATE May 31 1940

19. UNDERTAKER Cummins Furniture Co.
(ADDRESS) Maryville, Mo

20. FILED May 31 1940 Mamie E. Clardy Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29 1940

22. I HEREBY CERTIFY, That I attended deceased from May 29 — 1940 to 5:20 P.M. May 29 — 1940

I last saw him alive on May 29 — 1940 Death is said to have occurred on the date stated above, at 5:20 P. M.

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

| | Date of onset |
|---|---|
| Arterio-sclerosis | 5-29-40 |
| 94 B | |

Other contributory causes of importance:
Coronary Thrombosis

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) L. E. Dean, M. D.

(Address) Maryville Mo

Body embalmed by

J D Cummins

Marysville Mo

License # 1675