

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

OCT 30 1933

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

Do not use this space.

29449

**1. PLACE OF DEATH**

County Lenny Registration District No. 347  
Township Gulls Creek Primary Registration District No. 549.0  
City Clinton Mo (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 56  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 22, 1929

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
4 7 28

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.  
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) Stilwell Okla

13. NAME Ralph Barry

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

15. MAIDEN NAME Maryne Gilbert

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

17. INFORMANT (ADDRESS) Mrs Rena Harris

18. BURIAL, CREMATION, OR REMOVAL PLACE Gulls Creek DATE 9/22 1933

19. UNDERTAKER (ADDRESS) Spaul & Son

20. FILED 9/21 1933 Ed C. Peeler Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 20, 1933

22. I HEREBY CERTIFY, That attended deceased from Sept 18 1933, to Sept 20, 1933

I last saw him alive on Sept 20, 1933 Death is said

to have occurred on the date stated above, at 10 P m.

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

Heart failure Date of onset \_\_\_\_\_

105K

Other contributory causes of importance:

Chorea of Bladder

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) Ray M. [Signature], M. D.

(Address) Clinton Mo.

