

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

Do not use this space.

30452

SEP 25 1935

1. PLACE OF DEATH

County Ray
Township Ray
City Raymond (No.)

Registration District No. 744
Primary Registration District No. 3035

File No.
Registered No. 85
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

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

Mr. J. D. Waits

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

February 24, 1878

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>72</u>	<u>6</u>	<u>18</u>	

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

House Wife

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

Raymond, Missouri

13. NAME

Williamston Mabrey

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

Raymond, Missouri

15. MAIDEN NAME

Nancy Howell

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

Raymond, Missouri

17. INFORMANT (ADDRESS)

Mr. J. D. Waits

18. BURIAL, CREMATION, OR REMOVAL PLACE

City Cemetery DATE Sept 25, 1935

19. UNDERTAKER (ADDRESS)

M. B. Wagner

20. FILED

9-10 19 35 E. E. Day Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw her alive on....., 19..... Death is said

to have occurred on the date stated above, at....., 19..... m.

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

apoplexy
arterio Sclerosis

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) E. E. Day, M. D.

(Address) Raymond, 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.

