

MAR 24 1936

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

Do not use this space.

7320

1. PLACE OF DEATH

County Ray Registration District No. 744
Township Johnson Primary Registration District No. 3036
City Johnson (No. St. Ward)

File No.
Registered No. 22

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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 23, 1958

7. AGE YEARS 77 MONTHS 9 DAYS 24
IF LESS THAN 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
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) Ray County Missouri

13. NAME Don't know

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

15. MAIDEN NAME " "

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

17. INFORMANT (ADDRESS) Dr. Samuel H. Wall

18. BURIAL, CREMATION, OR REMOVAL PLACE Family cemetery DATE February 15, 1936

19. UNDERTAKER (ADDRESS) W. H. Johnson

20. FILED 3-10 1936 E. E. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-17- 1935 to 10-13- 1936.
I last saw him alive on 10-13- 1936 Death is said

to have occurred on the date stated above, at 7 a.m.

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

Chronic Myocarditis
730

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Chronic Was there an autopsy? 70

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?
If so, specify
(Signed) E. E. Ray M. D.
(Address) Ray

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.

