

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

Do not use this space.

41907

**1. PLACE OF DEATH**

County..... Registration District No. 784  
 Town..... Primary Registration District No. 6030  
 City Boonville (No. Evelyn Ave)  
Anna Coleman Ray

File No.....  
 Registered No.....  
 St. .... Ward)

**2. FULL NAME**

(a) Residence. No. Boonville 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 MEDICAL CERTIFICATE OF DEATH**

3. SEX Female  
 4. COLOR OR RACE Caucasian  
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 25 - 1929

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Noel Ray

17. I HEREBY CERTIFY, That I attended deceased from 12-20-1929 to 12-25-1929 that I last saw her alive on 12-25-1929 and that death occurred, on the date stated above, at 9 A. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Acute Endocarditis

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 26 - 1912  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
17 2 29

CONTRIBUTORY (SECONDARY) Pyelitis following child birth  
 (duration) yrs. mos. ds. 10  
 (duration) yrs. mos. ds. 2

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work..... House Work  
 (b) General nature of industry, business, or establishment in which employed (or employer).....  
 (c) Name of employer.....

18. WHERE WAS DISEASE CONTRACTED  
 (NOT AT PLACE OF DEATH) ✓  
 DID AN OPERATION PRECEDE DEATH? no DATE OF ✓  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS? Chromic  
 (Signed) Ray Johnson M. D.  
 , 19 (Address) Boonville Mo.

9. BIRTHPLACE (CITY OR TOWN)..... Orla  
 (STATE OR COUNTRY).....  
 10. NAME OF FATHER Robert Coleman  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... N.C.  
 (STATE OR COUNTRY).....  
 12. MAIDEN NAME OF MOTHER Not known  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... Mo.  
 (STATE OR COUNTRY).....

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT Noel Ray  
 (Address) Evelyn Ave Boonville Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL McAlester Okla DATE OF BURIAL 19

15. FILED Jan 9, 1930 Otto N. Schudde REGISTRAR

20. UNDERTAKER W. S. Wade and co. ADDRESS 4200 Finney Ave

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.

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