

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

Do not use this space.

11253

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... St. Louis Mo Primary Registration District No. 1003
 City..... No 7032 N. 18 St. St. Ward)

File No.....
 Registered No. 3324
 St. Ward)

2. FULL NAME

Mrs Mary Ray
 (a) Residence. No. 7034 N 18 St St. 25 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 <u>Female</u>	4. COLOR OR RACE <u>Caucas</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Granville Ray</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>12/21/1892</u>		
7. AGE	YEARS <u>48</u>	MONTHS <u>3</u>
	DAYS <u>26</u>	IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer)..... (c) Name of employer.....		

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Water Valley Miss.

PARENTS	10. NAME OF FATHER <u>George Duke</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss.</u>
	12. MAIDEN NAME OF MOTHER <u>Cherry Coley</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Washington</u>

14. INFORMANT x Granville Ray
 (Address) 7034 N 18 St

15. FILED 1-8-21 Ray C Stanley
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/28 1908
 17. I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19....., and that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at..... 186 P

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary
23A Tuberculosis (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) 31 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....
 WAS THERE AN AUTOPSY? yes
 WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) J. W. Kames, M.D.
3/29 1908 (Address) Dejean

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Booker Washington Cem. East St. Louis, Ill.</u>	DATE OF BURIAL <u>April 16/1908</u>
20. UNDERTAKER <u>Ellis Funeral Home</u>	ADDRESS <u>2820 Stoddard St</u>

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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