

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

Do not use this space.

26926

1. PLACE OF DEATH

County St. Louis Registration District No. 791
Township St. Louis Primary Registration District No. 1003 File No. 8123
City St. Louis (No. 4312) Maffett are St. 11 Ward

2. FULL NAME

Jeremiah Ray
(a) Residence, No. 4312 Maffett St. 11 Ward. (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 Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jennie Ray
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. About 75
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor
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) Virginia
13. NAME unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
17. INFORMANT Jennie Ray (ADDRESS) 4312 Maffett
18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood DATE 7/23/31
19. UNDERTAKER (ADDRESS) A. Russell and Co.
20. FILED U. S. 23 1931 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18 1931
22. I HEREBY CERTIFY that I attended deceased from July 1 1931, to July 18 1931
I last saw him live on July 17 1931. Death is said to have occurred on the date stated above, at 11:30 AM
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis
Arteriosclerosis
Date of onset unknown

Other contributors/causes of importance:
Arteriosclerosis
Name of operation None Date of None
What test confirmed diagnosis? None Was there an autopsy? None
23. If death was due to external cause (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury None, 1931
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury None
Nature of injury None
24. Was disease or injury in any way related to occupation of deceased?
If so, specify None
(Signed) J. S. [Signature], M. D.
(Address) 8012 N. Jefferson

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.

