

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

34802

1. PLACE OF DEATH

County Buchanan Registration District No. 85

Township St. Joseph, Mo. Primary Registration District No. 1001

City St. Joseph, Mo. in Ambulance on way to Hosp June 6, 1932

File No. _____

Registered No. 1167

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 6214 Sherman St. 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 28, 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 47 0 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 27

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MOTHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, Kansas

FATHER 13. NAME Harry Ray

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mrs. Irene Ray

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Nov 9, 1932

19. UNDERTAKER (ADDRESS) Salem General Home

20. FILED 7 1932 Phu R. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 8:00 p.m.

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

Injuries received as a Passenger in Auto that Struck a St Car at 6th & Viaduct, Driver not drunk or blinded by lights

Other contributory causes of importance: none

Name of operation _____ Date of _____

What test confirmed diagnosis? History Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accident Date of injury 11/6 1932

Where did injury occur? St. Joseph Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Auto Struck St Car

Nature of injury Internal Injuries

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify (Signed) B.W. Tadlock Coroner, M. D.

(Address) 821 Francis

