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.

FEB 27 1934

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

Do not use this space.

35378 (A)

1. PLACE OF DEATH

County: Stoddard — Registration District No. 838 — File No.

Township: Liberty — Primary Registration District No. 4509 — Registered No. 74

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME: Alexander Gardner Ray

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs. Mary Ray

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 6, 1880

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	53	3	17	

OCCUPATION

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

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): Indiana

FATHER

13. NAME: Thomas G. Ray

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER

15. MAIDEN NAME: Mary Bougher

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

17. INFORMANT: T. G. Ray
(ADDRESS): Dexter, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Dexter Cemetery DATE: 10-21- 1933

19. UNDERTAKER: Biggs Und Co.
(ADDRESS): Dexter, Mo.

20. FILED 10-20- 1933 Dr J. P. Brandon. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10-20, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 31-33 to Oct 20-, 1933

I last saw h.. alive on Oct 19-, 1933. Death is said to have occurred on the date stated above, at 3:50 A.m.

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

	Date of onset
Cerebral Hemorrhage	3/
9 S B	31
	32

Other contributory causes of importance: Emphysema Heart

Name of operation: None Date of

What test confirmed diagnosis: Clinical. Was there an autopsy? No.

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? No.
If so, specify .....

(Signed) Dr. J. P. Brandon, M. D.

(Address) Dexter, Mo.

2-8-34 Alice L. Norman