

OCT 5 1936

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No.....

791

Township.....

Primary Registration District No.....

1003

City St. Louis, Mo.

(No.)

CITY HOSPITAL NO. 2

File No.....

35672

Registered No.....

9288

St.

Ward)

2. FULL NAME

William Ray

(a) Residence, No.

3225 Bell

St.

21

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred Life

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)

Single

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

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

Feb. 15, 1905

7. AGE

YEARS

31

MONTHS

6

DAYS

22

If LESS than 1 day, hrs. or min.

OCCUPATION

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

Nil

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)

Missouri

FATHER

13. NAME

Wesley Ray

14. BIRTHPLACE (CITY OR TOWN).....

(STATE OR COUNTRY)

Tenn.

MOTHER

15. MAIDEN NAME

Mattie Banks

16. BIRTHPLACE (CITY OR TOWN).....

(STATE OR COUNTRY)

Tenn.

17. INFORMANT (ADDRESS)

Ethel May Howard
2945 Lawton Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

E. J. Hughes

DATE

Sept. 8, 1936

19. UNDERTAKER (ADDRESS)

111 N. 13th St. E. St. Louis

20. FILED

SEP 8 1936J. T. Breck
Registrar

MEDICAL CERTIFICATE OF DEATH

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

Sept. 7, 193622. I HEREBY CERTIFY, That I attended deceased from 8-12-, 1936, to 9-7-, 1936I last saw him alive on 9-7-, 1936. Death is said to have occurred on the date stated above, at 3:30 A. M.

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

PULMONARY TUBERCULOSIS

Date of onset

8-12-36

Other contributory causes of importance:

Name of operation.....

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?.....

If so, specify.....

(Signed) A. L. Lewis

M. D.

(Address) City Hospital # 2

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

1 X7044

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.

