DEC 3 1936

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

Do not use this space.

42168

1. PLACE OF DEATH
County Phelps
Township St James
City St. James (No. ..... St. ..... Ward)

Registration District No. 678
Primary Registration District No. 5704

File No. .....
Registered No. .....

2. FULL NAME Donald Eugene Ray.

(a) Residence, No. ..... St., ... 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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-11-1935

7. AGE YEARS MONTHS 10 DAYS 26 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
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) St. James Mo.

FATHER
13. NAME Hubert Ray
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rolla Phelps Co. Mo

MOTHER
15. MAIDEN NAME Eva Marshall
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Syracuse Mo

17. INFORMANT (ADDRESS) Eva Ray St. James Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Matlock Cemetery DATE 11/8- 1936

19. UNDERTAKER (ADDRESS) Jonas and Ten Eyck St. James Mo.

20. FILED 11/7-, 1936 Mrs. W. J. Kock
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/6, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1- , 1936, to Nov. 6- , 1936
I last saw him alive on Nov. 5 , 1936 Death is said to have occurred on the date stated above, at 9 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza (Pneumonia)	11-1-36

Other contributory causes of importance

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) William H. Breuer, M. D.
(Address) St James Mo.

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.