Kelling

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

SEP 25 1937

Do not use this space.

31910

1. PLACE OF DEATH

County Saline — Registration District No. 795

Township Grand Pass — Primary Registration District No. 6038

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

File No. .....

Registered No. .....

2. FULL NAME Rebecca E. 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 F

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-13-1863

7. AGE — YEARS 74 — MONTHS 7 — DAYS 1 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) Charlton Co Mo

FATHER

13. NAME William Veatch

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville Ky

MOTHER

15. MAIDEN NAME Margaret Veatch

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

17. INFORMANT (ADDRESS) Susan Ray Lindsey Waverly Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt Nebo Cem DATE 8-16 1937

19. UNDERTAKER (ADDRESS) Willis Funeral Home Carrollton Mo

20. FILED 8-17 1937 Raymond Spencer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-14- 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-9 1937 to 8-14 1937

I last saw her alive on 8-14 1937 Death is said to have occurred on the date stated above, at 1:20 p.m.

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

A J Flexy — Date of onset 8-9-37

8201

Other contributory causes of importance:

None

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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) Geo A Kelling, M. D.

(Address) Waverly 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.