JAN 25 1938

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

Do not use this space.

File No. 46827

Registered No. 200

1. PLACE OF DEATH
County: Saline — Registration District No. 796
Township: — Primary Registration District No. 3038
City: Marshall (No. 882, Do Redman St. ..... Ward)

2. FULL NAME: BENJAMIN A. FRAY

(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): Widowed

5A. IF MARRIED, WIDOWED, OR ~~DIVORCED~~ HUSBAND OF (OR) ~~WIFE OF~~: Adelia Frances Fray

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 18, 1835

7. AGE: Years 82 — Months 4 — Days 24 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Ret-Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 262
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): Saline County Missouri

FATHER
13. NAME: John A. Fray
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penn

MOTHER
15. MAIDEN NAME: Martha Herndon
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

17. INFORMANT (ADDRESS): Harris Fray Kansas City Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Fairview Cem. DATE: Dec. 14, 1937

19. UNDERTAKER (ADDRESS): Short & McCary Marshall Mo.

20. FILED 12-13-1937 Mary Kent Registrar. Deputy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1937, to Dec. 12, 1937
I last saw him alive on Dec 11, 1937. Death is said to have occurred on the date stated above, at 8:15 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of Onset
Mitral Stenosis	?
Arterio Sclerosis	?
420	
Other contributory causes of importance:	
Chronic Bronchitis	?

Name of operation: X Date of: X
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: No
(Signed) A. C. Putnam, M. D.
(Address) Marshall 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.