

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1610  
Do not use this space.

DEC'D FEB 1 1939

1. PLACE OF DEATH  
 (a) County Buchanan Registration District No. 85  
 (b) Township 1 Primary Registration District No. 1001 Registered 8  
 (c) City St Joseph (d) Street No. 1311 North 3rd St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Corra M. Ray  
 (a) Residence, No. 1311 N. 3rd St. (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Single  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 18, 1876  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
62 1 15  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Domestic  
 9. Industry or business in which work was done, as saw mill, bank, etc. 11  
 10. Date deceased last worked at this occupation (month and year) 11 11. Total time (years) spent in this occupation 0  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stewartville, Mo.  
 FATHER 13. NAME Rev. James Ray  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina  
 MOTHER 15. MAIDEN NAME Marion Elizabeth Lewis  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Frankford, Ky.  
 17. INFORMANT (ADDRESS) Tillie Boy, 1311 North 3rd  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cem. DATE Jan. 5, 39  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Gainey Mortuary, 1602 Meigs Ave.  
 20. FILED Jan 5, 1939 H. J. Northcutt Ft. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 3 - 1939  
 22. I HEREBY CERTIFY, That I attended deceased from March 2, 1938, to Jan 3 - 1939  
 I last saw h. alive on Jan 3, 1939 Death is said to have occurred on the date stated above, at 10 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Cardiac Aclites  
General atery  
 Date of onset 45 P<sup>2</sup>  
 Other contributory causes of importance:  
Do not know  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? None Was there an autopsy? No  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? No Date of injury no 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 normal or h  
 Nature of injury None  
 24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify \_\_\_\_\_  
 (Signed) J. J. Foxley M. D.  
 (Address) 720 E. 24 St

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.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, I. F. Ramsey

....., or by myself.

Registered Apprentice No. ...., working under my personal supervision.

Signed Isaac F. Ramsey

Licensed Embalmer No. 4081

P. O. Address 1602 Mesquite

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**