

REC'D APR 10 1939

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

Do not use this space.

1. PLACE OF DEATH

County St. FrancoisRegistration District No. 774Township St. FrancoisPrimary Registration District No. 4465City Flat River (No. 000)

St. _____

Ward) _____

2. FULL NAME Ray Rave(a) Residence, No. Flat River mo Ward. _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds.How long in U. S., if of foreign birth? 1 yrs. 2 mos. 2 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M4. COLOR OR RACE W5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Flora Rave6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4 - 1869

7. AGE

YEARS 69MONTHS 10DAYS 16

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labourer9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. odd jobs10. Date deceased last worked at this occupation (month and year) 2-20-3911. Total time (years) spent in this occupation. 4512. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Co.

FATHER

13. NAME Geo Rave14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

MOTHER

15. MAIDEN NAME in Bickett16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OK17. INFORMANT (ADDRESS) Flora Rave Flat River mo

18. BURIAL, CREMATION, OR REMOVAL

PLAC Richwoods DATE 1-2219. UNDERTAKER (ADDRESS) Baldwin Bros20. FILED 3/29 1939 B. B. Tharrar Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 20 193922. I HEREBY CERTIFY That I attended deceased from April 1936, to Jan 19 1939.I last saw him alive on Jan 19 1939. Death is said to have occurred on the date stated above, at 7:50 a.m.

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

apoplexyDate of onset 9:45 AM
1-19-39

Other contributory causes of importance:

Cardiac-Renal insufficiency

Name of operation _____

Date of _____

What test confirmed diagnosis? Physical 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? Yes

If so, specify _____

(Signed) J. W. Zuppan M. D.(Address) Flat River, Mo.

