

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

Do not use this space.

**1939** AUG 1 1939

1. PLACE OF DEATH  
 County Christian Registration District No. 184  
 Township Trinity Primary Registration District No. 5255  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Emma 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.

File No. 25368

Registered No. 19

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (or the word) Widow  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE J. W. Ray  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 12 1856  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
83 1 13

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 25, 1939  
 22. I HEREBY CERTIFY, That I attended deceased from Sept, 1935, to Feb 23, 1938  
 I last saw her alive on Feb 9, 1938. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrhage  
 Date of onset \_\_\_\_\_

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper  
 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 \_\_\_\_\_

Other contributory causes of importance: arteriosclerosis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0  
 13. NAME David Dryden 1  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 1

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

MOTHER  
 15. MAIDEN NAME Susan Carson  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

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. \_\_\_\_\_

17. INFORMANT Collyde Ray  
 (ADDRESS) Ozark Mo.  
 18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Salmon DATE Feb. 27, 1939

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased? No.  
 If so, specify \_\_\_\_\_

19. UNDERTAKER T. B. Chaffin 170  
 (ADDRESS) Ozark Mo.  
 20. FILED July 26, 1939 Janetta Leonard 1  
 Registrar.

(Signed) R. R. Feathering, M. D.  
 (Address) Ozark Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Exact statement of INFORMATION should be currency supplied. AGE should be stated EXACTLY. PHYSICIANS should state

RECEIVED FILED STATE OFFICE  
INDEX CARD RETURNED TO DISTRICT  
DATE \_\_\_\_\_