

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

35450  
Do not use this space.

1. PLACE OF DEATH

(a) County Benton 2 Registration District No. 61  
(b) Township Alexander Primary Registration District No. 5098 Registered No. 29  
(c) City Jarvis (d) Street No. \_\_\_\_\_ 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

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
Burna Francis Wray

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Adella C. Wray  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 7, 1881  
7. AGE YEARS 58 MONTHS 7 DAYS 23 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter  
9. Industry or business in which work was done, as saw mill, bank, etc. Carpenter  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 30 1939  
22. I HEREBY CERTIFY, That I attended deceased from Sept 1st 1939, to Sept 30th 1939  
I last saw him alive on Sept 1st 1939. Death is said to have occurred on the date stated above, at 3:00 m.  
The principal cause of death and related causes of importance were as follows:

Bronchiectasis, Anemia, Chronic gastroenteritis, Dehydration  
Other contributory causes of importance: 10/10/39  
Date of onset \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME OF FATHER Peter Riley Wray

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

15. MOTHER'S MAIDEN NAME Elizabeth Calvert

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adella C. Mo

17. INFORMANT (ADDRESS) Adella C. Wray Jarvis Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Jarvis City DATE 10/1 1939

19. FUNERAL DIRECTOR (ADDRESS) J. R. Murrey, 1011 Chestnut St. Mo

20. FILED 10/10 1939 J. A. Logan Local Registrar.

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

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? \_\_\_\_\_  
If so, specify Occupation carpenter, mgt  
(Signed) J. R. Murrey M. D.  
J. W. Green (Address) Jarvis, Mo

MAR 3 1942

JUL 28 1942

**STATEMENT BY LICENSED EMBALMER**

I, JR Luckey, Licensed Embalmer No. 2982

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E. ....

No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed JR Luckey  
Licensed Embalmer No. 2982

**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.)**

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

5-35450

State of Missouri }  
County of Benton } ss.

State File No. \_\_\_\_\_

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 29

On this 3/04 day of July, 1944, before me appears \_\_\_\_\_, who, upon her oath, states that the original record of ~~birth~~ death for Purna F. Wray died Sept 30, 1939, in the State of Missouri, and which was filed at Jefferson City Mo on Oct 10, 1939, should be corrected as follows:

Item No. 5a should read Adella C. Wray

Instead of Allah Wray

Item No. 17 should read Adella C. Wray

Instead of Allah Wray

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Adella C. Wray wife  
Relationship \_\_\_\_\_

Fairfield Mo  
Present Address.

Subscribed and sworn to before me this 21<sup>st</sup> day of July, 1944

My Commission expires January 7th 1945 Robert H. Drake Notary Public.

affidavits containing erasures will not be accepted; draw one line through error and write above it.

4-35450

