

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

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1. PLACE OF DEATH
County Jackson Registration District No. 399
Township Man Primary Registration District No. 1000
City Man St. Luke's Hosp. St. _____ Ward _____
File No. _____
Registered No. 595
St. _____ Ward _____

2. FULL NAME Willis Railey
(a) Residence, No. 1321 Helms 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Misses Railey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar-12 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
44 - 11 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. Miner
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 1927

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond Mo

MOTHER FATHER 13. NAME John Railey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond Mo
15. MAIDEN NAME Sally Abury
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond Mo

17. INFORMANT Ralph Railey (ADDRESS) Richmond Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Richmond Mo DATE 2/5-1933

19. UNDERTAKER A. D. Mansur (ADDRESS) Richmond Mo
20. FILED 2/5-1933 M. M. Levine Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/5/33 19

22. I HEREBY CERTIFY That I attended deceased from Deputy Coroner 19
I last saw him/her on _____ 19_____. Death is said to have occurred on the date stated above, 2:47 A.
The principal cause of death and related causes of importance were as follows:
Fracture of the skull
Acute typhlomyelitis
(non-epidemic)

Other contributory causes of importance:

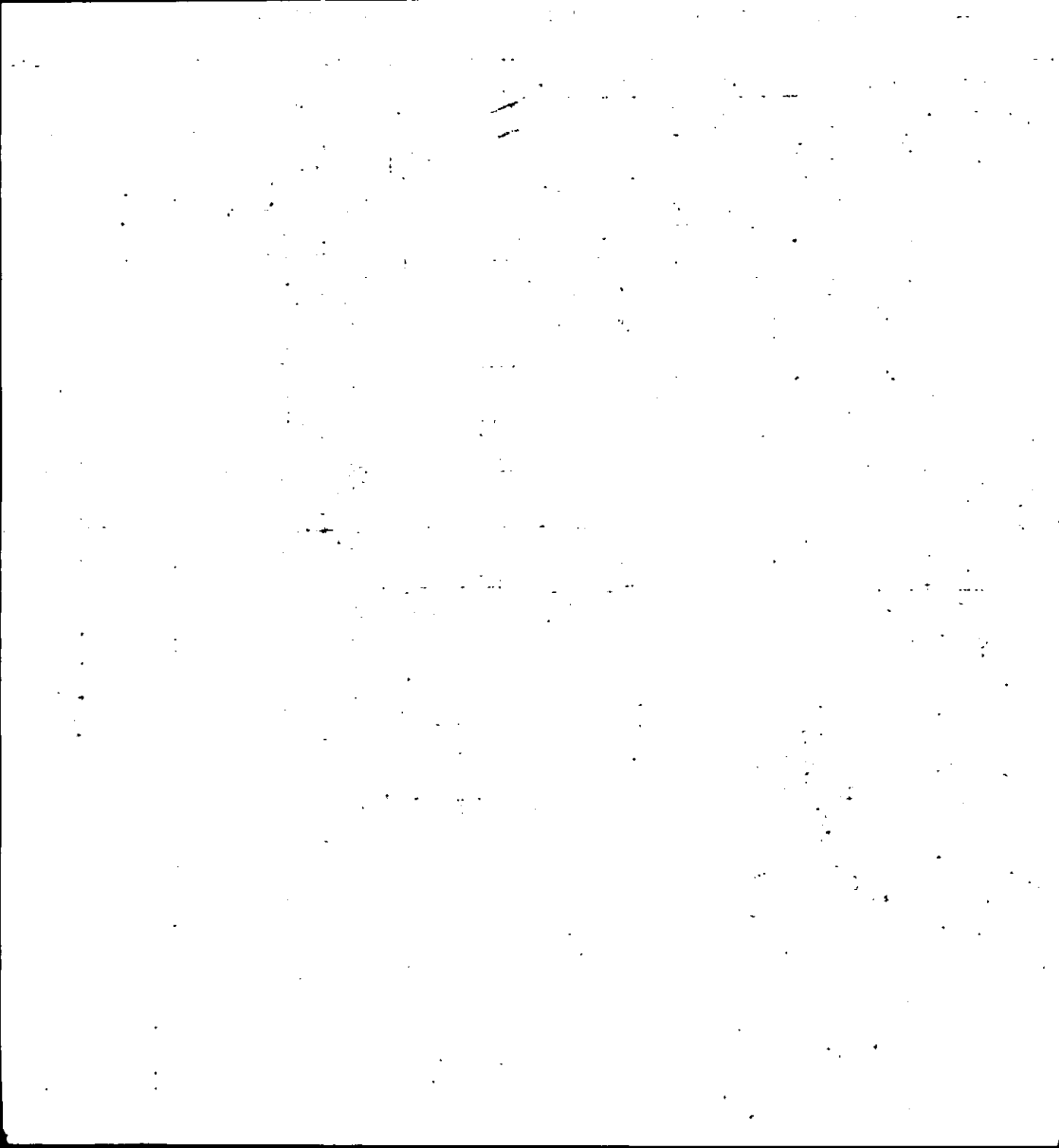
Name of operation _____ Date of _____
What test confirmed diagnosis Autopsy as there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Accident Date of injury 2/5, 1933
Where did injury occur? Richmond, Missouri
(Specify city or town, county, and State)
Specify whether injury occurred at home in home, or in public place.

Manner of injury Struck by falling
Nature of injury Contusion and eight fractures

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Deputy Coroner M. D.
(Address) _____

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**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County.....
Township.....
City Kansas City (No.)

Registration District No. 399
Primary Registration District No. 1002

File No.
Registered No. 595
St. Ward)

2. FULL NAME

Willis Railey

(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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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

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

13. NAME

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

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 1/2 1933 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 5 1933

22. I HEREBY CERTIFY, That I attended deceased from, to, 19....

I last saw h..... alive on....., 19.... 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: Date of onset

fracture of the skull
acute lysis meningitis
non epidemic

Other contributory causes of importance:
Unknown

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

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? Richmond, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. street

Manner of injury trauma to head
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? If so, specify.....

(Signed)....., M. D.
(Address).....

SUPPLEMENTARY

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

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