JUL 25 1927

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No. 17627

Township — Primary Registration District No. 1001 — Registered No. 671

City St. Joseph, (No. St. Joseph, s Hospital St. Ward)

2. FULL NAME George Wesley Ray

(a) Residence. No. St., Ward. Burlington Jct, MO.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 6 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. I. 1856.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
70	~~58~~	7	28	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Nodaway County, (STATE OR COUNTRY) Missouri.

PARENTS

10. NAME OF FATHER Lewis Ray
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown (STATE OR COUNTRY) Illinois.
12. MAIDEN NAME OF MOTHER Mary Richardson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown (STATE OR COUNTRY) Ohio

14. INFORMANT Rebecca Ray (Address) Burlington Jct, MO.

15. FILED JUN 29 1927 19 John G. Fitz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June. 29. 1927.

17. I HEREBY CERTIFY, That I attended deceased from June 24, 1927, to June 29, 1927, that I last saw him alive on 6/29, 1927, and that death occurred, on the date stated above, at 2/45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of Stomach with Metasteses.

44a (duration) yrs. Several mos. ds.

CONTRIBUTORY (SECONDARY) Metasteses (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Elmo, Mo.
DID AN OPERATION PRECEDE DEATH? yes. DATE OF June 24-1927
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Operation and microscopic examination of tissue
(Signed) Caryl Potter, M.D.
June. 29 19 27 (Address) 731 Faram - St. Joseph, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Burlington Jct, MO. Lamar Cemt	June. 30 19 27
20. UNDERTAKER H. O. Sidenfaden	ADDRESS 1802 Union Str

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.