

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

Do not use this space.

**1. PLACE OF DEATH**

County Platte  
Towship Dearborn  
City Dearborn (No. ....)

Registration District No. 692  
Primary Registration District No. 4414

File No. 34446  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

John Ella Ray  
(a) Residence No. .... St. ....  
(Usual place of abode)

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. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 5 - 1865

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>63</u>	<u>x</u>	<u>8</u>	<u>8</u>	<u>—</u>

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

9. BIRTHPLACE (CITY OR TOWN) Platte Co. Missouri  
(STATE OR COUNTRY)

10. NAME OF FATHER James M. Raydon

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Tennessee  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Elizabeth Kellan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Tennessee  
(STATE OR COUNTRY)

14. INFORMANT John R Ray  
(Address) Dearborn Mo.

15. FILE NO. Nov 20 1928 REGISTRAR W. H. Moore

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 13, 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 11th 1928 to Oct 13 1928 that I last saw her alive on Oct 11 5:15 P.M. 1928, and that death occurred, on the date stated above, at 5:15 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Angina Pectoris

CONTRIBUTORY (SECONDARY) Don't know  
(duration) 1 yrs. 3 mos. 3 ds.  
(duration) 1 yrs. 1 mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED at home  
IF NOT AT PLACE OF DEATH, DATE OF None

DID AN OPERATION PRECEDE DEATH? No DATE OF None  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none  
(Signed) S. L. Durham M. D.  
Date Nov 23, 1928 (Address) Dearborn 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 Dearborn Masonic Cn. DATE OF BURIAL Oct 15 - 1928

20. UNDERTAKER Lucian Davis Dearborn Mo. ADDRESS

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.

