

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

Do not use this space.

40830

**1. PLACE OF DEATH**

County.....Jackson.....  
Township.....KAW.....  
City.....Kansas City..... (No. 4236)

Registration District No. 399  
Primary Registration District No. 1002  
Ward.....Mercier.....

File No. ....  
Registered No. 5205  
St. .... Ward)

**2. FULL NAME** John McKee Ray

(a) Residence No. 4236 Mercier St., 7 Ward.  
(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 Male 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 Mildred Ray

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 1, 1896

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	32	11	16	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Auditor  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer Mutual Bank

9. BIRTHPLACE (CITY OR TOWN) Mobile  
(STATE OR COUNTRY) Alabama

10. NAME OF FATHER Harvey Ray

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

12. MAIDEN NAME OF MOTHER Alice McKee

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

14. INFORMANT Mrs. Mildred Ray  
(Address) 4236 Mercier Street

15. FILED 12/17/28 M. M. Brown REGISTRAR  
Amr

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 17 19 28

17. I HEREBY CERTIFY That I attended deceased from Dec 11, 1928, to Dec 17, 1928, that I last saw him alive on Dec 17, 1928, and that death occurred, on the date stated above, at # 3:30 a.m.

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

Lobar Pneumonia -  
10x  
9.5x

CONTRIBUTORY (SECONDARY) Acute Dilatation of Heart  
(duration) yrs. mos. 2 1/2 ds.

**18. WHERE WAS DISEASE CONTRACTED**

NOT AT PLACE OF DEATH  
DID AN OPERATION PRECEDE DEATH? no DATE OF.....  
WAS THERE AN AUTOPSY? no

**WHAT TEST CONFIRMED DIAGNOSIS?**

(Signed) Byrus D. Cantrell, M. D.  
12/17, 1928 (Address) 970 Chamber's Bldg

\*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

Forest Hill Dec 18 1928

20. UNDERTAKER R V Lindsey & Sons ADDRESS Kans City, Mo

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

K. 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.

