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

Do not use this space.

25343

1. PLACE OF DEATH
County Newton — Registration District No. 614
Township — Primary Registration District No. 4555
City Granby (No. ..... St. ..... Ward)

File No. .....
Registered No. .....

2. FULL NAME Esther Amerilla Ray.
(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.

27 1929
73
3
6
2 2 95

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.

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 J. F. Ray.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb-14 1872

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
57	4	27	

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

PARENTS
10. NAME OF FATHER George Organ
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ill.
12. MAIDEN NAME OF MOTHER Mary Ellen Trickel
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Illinois

14. INFORMANT J. F. Ray.
(Address) Granby, Mo.

15. FILED 7-12, 1929 M. D. Rolens REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 11. 1929

17. I HEREBY CERTIFY, That I attended deceased from March 1, 1928 to July 11, 1929 that I last saw her alive on July 8, 1929, and that death occurred, on the date stated above, at 3.29 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy.
82 R
117 P
(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (SECONDARY) Ulcerations of Stomach
(duration) Dent Known yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) D E Rolens, M. D.
7-12-1929 (Address) Granby 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: Granby Cemetery
DATE OF BURIAL: July 13 1929

20. UNDERTAKER: Fas Hutman
ADDRESS: Granby Mo