

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township St. Anthony
City Kansas Mo (No. St Anthony Home)

Registration District No. 399
Primary Registration District No. 1002

File No. 19629
Registered No. 2030
St. 2030 Ward

2. FULL NAME

Holmes Marie Luile Rays
(a) Residence. No. St Anthony Home St., Ward
(Usual place of abode) 2300 College (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 6-1930

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
13

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. none
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer.

9. BIRTHPLACE (CITY OR TOWN) Kansas City
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER not known

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Not known
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Daisy Rays

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

14. INFORMANT Sister at St Anthony Home
(Address) 2300 College Ave

15. FILED 6/24/20 M. M. Crowe REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 19 1930

17. I HEREBY CERTIFY, That I attended deceased from 6/19 1930 to 6/19 1930 that I last saw her alive on 6/19 1930, and that death occurred, on the date stated above, at 11:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Inanition, Dehydration
Starvation. Pericarditis
heart
10 (duration) yrs. mos. 13 ds.
CONTRIBUTORY (SECONDARY) congenital structure
duodenum (duration) yrs. mos. 13 ds.

18. WHERE WAS DISEASE CONTRACTED 16/10
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF no
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMS DIAGNOSIS no
(Signed) H. O'Connell M. D.
6-24-1930 (Address) 4178 Cambridge

*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 St Marys cemetery DATE OF BURIAL June 26 1930

20. UNDERTAKER John W Wagner ADDRESS 1409 Grand Ave

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.

