

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

Do not use this space.

791

File No. **34312**  
Registered No. **9663**  
Ward

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Registration District No. **1013**  
City..... (No. **Missouri Baptist Hospital**)

**2. FULL NAME**

(a) Residence. No. **Cyrus H. Ray**  
(Usual place of abode) **Kennett City Mo. 12** Ward. **Kennett City Mo**  
(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 **M.** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Widower**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Feb. 27 1871**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**59 7 12**

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **B. Ky Ray**

10. NAME OF FATHER **D. B. Ray**

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

12. MAIDEN NAME OF MOTHER **Frances Marion Jones**

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

14. INFORMANT (Address) **Lucile F. Ray**  
**4245 Westminster Cr.**

15. FILED **May 6 1930**  
**Stark**  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Oct 9 1930**

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_ to **10/9/30**, 19\_\_\_\_ that I last saw him alive on **10/9/30**, 19\_\_\_\_ and that death occurred, on the date stated above, at **1.15 P.** m.

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

**Shock following operation for carcinoma right upper jaw** (duration) **29** yrs. mos. ds.

CONTRIBUTORY (SECONDARY) **Senility** (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED **43 Kennett Mo**  
IF NOT LAST PLACE OF DEATH

1 DID AN OPERATION PRECEDE DEATH? **Yes** DATE OF **10/1/30**

2 WAS THERE AN AUTOPSY? **Yes**  
WHAT TEST CONFIRMED DIAGNOSIS? **Microscopic**  
(Signed) **Fred C. Salter, M. D.**

, 19 (Address) **Westport Reg St Louis**

\*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 **Bellefontaine Cem.** DATE OF BURIAL **Oct 11 1930**

20. UNDERTAKER **Philander Craig** ADDRESS **4446 S. Washington**

