

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 19552
 Township Kaw Primary Registration District No. 1002 Registered No. 2462
 City Kansas City (No. 4121, Walnut (2ND Floor South)) Ward

2. FULL NAME Mr. Robert T. Ray

(a) Residence, No. 4121 Walnut St., 7 Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE-OF <u>Ella B. Ray</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 14, 1869</u>		
7. AGE YEARS <u>63</u>	MONTHS <u>2</u>	DAYS <u>6</u>
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Sec. Chamber of Commerce, McCook, Neb.</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>256</u>	
10. Date deceased last worked at this occupation (month and year) <u>1930</u>		11. Total time (years) spent in this occupation <u>34</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Fairmount Ill.</u>		
MOTHER / FATHER	13. NAME <u>Robert B. Ray</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>	
	15. MAIDEN NAME <u>Frances Beecher</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
17. INFORMANT <u>Mrs. Ella B. Ray</u> (ADDRESS) <u>4121 Walnut</u>		
18. BURIAL CREATION OR REMOVAL PLACE <u>Mount Park K.C.K.</u> DATE <u>June 22, 1932</u>		
19. UNDERTAKER <u>D. W. Newcomer's Sons</u> (ADDRESS) <u>2111 East 9th St.</u>		
20. FILED <u>6/21, 1932</u> <u>M. M. Cronin</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

4

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1932 to June 20, 1932
 I last saw him alive on June 20, 1932. Death is said to have occurred on the date stated above, at 4:15 P.
 The principal cause of death and related causes of importance were as follows:
Myocardial
Post-Operative
Complete Retention of
Uterus
Uterus
 Date of onset 1930

Other contributory causes of importance:
Thrombosis

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify
 (Signed) E. M. Nease, M. D.
 (Address) 187 Judson St. Kansas City

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

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.

632 Professional Bldg.

11-3:30