

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

Do not use this space.

34539

1. PLACE OF DEATH

County Vernon
Township
City Nevada (No.)

Registration District No. 875
Primary Registration District No. 3039

File No.
Registered No. 290
St. Ward)

2. FULL NAME

Elizabeth Ann Ray

(a) Residence, No. 976 E. Hickory St., 2 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 14 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 10 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 235

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House keeper

10. Date deceased last worked at this occupation (month and year) July 1932 11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K. Indiana 2

FATHER 13. NAME Fred Campbell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K. Indiana

MOTHER 15. MAIDEN NAME Sarah Thompson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K. Indiana

17. INFORMANT (ADDRESS) John D Ray Nevada mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Deepwood cemet DATE Oct 6 - 1932

19. UNDERTAKER (ADDRESS) Ferry Funeral Home Nevada mo

20. FILED 11-2 - 1932 E. R. King Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 4 - 1932

22. I HEREBY CERTIFY That I attended deceased from Oct 1 1932 to Oct 4 1932
I last saw him alive on Oct 4 9 am 1932 Death is said to have occurred on the date stated above, at 9 am.

The principal cause of death and related causes of importance were as follows:

Hemorrhage of Brain
82A

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

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) J. M. ..., M. D.
(Address) ...

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.

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

NOV 29 1932

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