

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County Carroll Registration District No. 135
Township Carrollton Primary Registration District No. 30.10
City Carrollton (No. _____) St. _____ Ward _____

File No. 12152
Registered No. 44

2. FULL NAME

Ella Jane 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE W. 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) Oct. 30, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 5 24

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

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carrollton Mo

13. NAME Judge Robt. D. Ray

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Frances V. Cross

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT Miss Cora Ray
(ADDRESS) Carrollton, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE 4-25-34

19. UNDERTAKER S. Candley
(ADDRESS) Carrollton, Mo

20. FILED 4-24 1934 Wuth Adkins
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 24th, 1934

22. I HEREBY CERTIFY, That I attended deceased from april 19th, 1934, to april 24th, 1934
I last saw him alive on april 24th, 1934. Death is said to have occurred on the date stated above, at 3:09 p.m.
The principal cause of death and related causes of importance were as follows:

parotiditis
55
Other contributory causes of importance:
lymphoma (ulcerative)
Date of onset 4/19/34
2 yrs.

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) Charles S. Anderson, M. D.
(Address) Carrollton Mo

