

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.

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

Do not use this space.

35887

1. PLACE OF DEATH

County Gentry Registration District No. 311
Township Bogle Primary Registration District No. 5430
City Gentry (No. _____) St. _____ Ward _____

2. FULL NAME John Manuel 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 <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>Bell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 19, 1867</u>		
7. AGE <u>70</u>	YEARS	MONTHS
	<u>9</u>	<u>14</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Farmer</u>		11. Total time (years) spent in this occupation
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)		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10 - 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from 9-2, 1938, to 10-3, 1938

I last saw him alive on 10-2, 1938 at 4:00 P.M. Death is said to have occurred on the date stated above, at 4:00 P.M.

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

~~Cerebral hemorrhage~~
Cerebral hemorrhage
Other contributory causes of importance: 82 yr old

Date of onset
1938

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Yes Date of injury _____, 19____
Where did injury occur? Yes (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. K. Ross M. D.
(Address) _____

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clay Co Mo.</u>
	13. NAME <u>Andrew Jackson Ray</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Va</u>
	15. MAIDEN NAME <u>Rebecca Jane Franklin</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u>
17. INFORMANT <u>Bell Ray</u> (ADDRESS) <u>Gentry, Mo</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New Friendship</u> DATE <u>10-5</u> , 19 <u>38</u>	
19. UNDERTAKER <u>Yaple-Bare Funeral Home</u> (ADDRESS) <u>Liberty Mo</u>	
20. FILED <u>11/10/38</u> , 19____ BY <u>W. L. Williamson</u> Registrar.	

