

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

Do not use this space.

9052

1. PLACE OF DEATH
 54 County Lafayette Registration District No. 460
 Township Millington Primary Registration District No. 5. P. 2. D. 13
 City (No.) St. (Ward)

2. FULL NAME Nancy 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

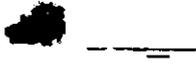
3. SEX ♀ 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Ray
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-12-1861
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
 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) Clay MO 1
 FATHER 13. NAME Aaron Johnson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 3/0
 MOTHER 15. MAIDEN NAME Martha Jane Large
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
 17. INFORMANT John Ray Hodge, MO
 (ADDRESS)
 18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Hope Cem. DATE 3-20-1932
 19. UNDERTAKER Waller's Funeral Home
 (ADDRESS) Waverly, MO
 20. FILED 3-19-1932 W. H. Holloman
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-17, 1932
 22. I HEREBY CERTIFY, That I attended deceased from July 8, 1929, to 3-17, 1932
 I last saw alive on Mar 25, 1932 Death is said to have occurred on the date stated above, at 8 P. m.
 The principal cause of death and related causes of importance were as follows:
Nephritis Chronic Date of onset 131
 Other contributory causes of importance: 131
 Name of operation none 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) Geo A. Kelling, M. D.
 (Address) Waverly, MO

APR 27 1932 7-01-06



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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Lafayette Registration District No. 465 File No. _____
 Township Middleton Primary Registration District No. 5-620 B Registered No. 3
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Nancy 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

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2 - 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 10 15

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19__

19. UNDERTAKER (ADDRESS)

20. FILED 3-19 1932 Geo. B. Helms Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/17 1932

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19__

I last saw h_____ alive on _____, 19__ Death is said to have occurred on the date stated above, at _____ m.

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

Date of onset

Other contributory causes of importance:

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?

If so, specify _____

(Signed) _____, M. D.

(Address) _____

SUPPLEMENTARY

ARE COMPLETE AS PRESCRIBED BY LAW. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNIT

