

WRITE 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.

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

PLACE OF DEATH  
County Barton

Township \_\_\_\_\_  
or  
Village \_\_\_\_\_  
or  
City Lamar (NO. \_\_\_\_\_) (St. \_\_\_\_\_) (Ward \_\_\_\_\_)

Registration District No. 40  
Primary Registration District No. 4024

File No. 21749  
Registered No. 36

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Sterling Price Gray

PERSONAL AND STATISTICAL PARTICULARS

SEX M COLOR OR RACE Wht SINGLE MARRIED Married  
WIDOWED OR DIVORCED  
(Write the word)

DATE OF BIRTH 7 3, 1862  
(Month) (Day) (Year)

AGE 52 yrs. 0 mos. 3 ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

OCCUPATION  
(a) Trade, profession, or particular kind of work Minister  
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE  
(City or town, State or foreign country) Cooper Co. Mo

NAME OF FATHER Joseph Gray

BIRTHPLACE OF FATHER  
(City or town, State or foreign country) Hunter Mo

MAIDEN NAME OF MOTHER Mrs. Louise King

BIRTHPLACE OF MOTHER  
(City or town, State or foreign country) Howard Co. Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Mrs. May D. Gray

(ADDRESS) Lamar, Mo

Filed July 6, 1914 Hugh Humphrey REGISTRAR

2. MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 6, 1914  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from June 20, 1914, to July 5, 1914, that I last saw him alive on July 5, 1914, and that death occurred, on the date stated above, at 2 a.m.

THE CAUSE OF DEATH\* was as follows:  
Tuberculosis  
2, 3 A  
119 C

(Duration) 5 yrs. \_\_\_ mos. \_\_\_ ds.

Contributory (SECONDARY) Some stomach trouble

(Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

(Signed) W. B. Stone M. D.  
7/6 - 1914 (Address) Lamar Mo

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. In the State \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

Where was disease contracted if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL Mo DATE OF BURIAL July 7, 1914  
Lake Benedict Lamar

UNDERTAKER Hugh Humphrey ADDRESS Lamar Mo

# Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health  
Association]

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary) may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully-employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)* For persons who have no occupation whatever, write *None*.

**Statement of cause of death.**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of ..... (name origin; "Cancer" is less definite; avoid

use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

## PLACE OF DEATH

## MISSOURI STATE BOARD OF HEALTH

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATED UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

County

Barton

Township

Village

City

Registration District No.

40

File No.

Primary Registration District No.

4024

Registered No.

36

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME

Sterling Price Gray

## PERSONAL AND STATISTICAL PARTICULARS

SEX <u>M</u>	COLOR OR RACE <u>W.</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>Married</u> (Write the word)
DATE OF BIRTH <u>7</u> (Month) <u>3</u> (Day) <u>1860</u> (Year)		
AGE <u>52</u> yrs. — mos. —		
OCCUPATION (a) Trade, profession, or particular kind of work <u>Minister</u>		
(b) General nature of industry, business, or establishment in which employed (or employer)		
BIRTHPLACE (City or town, State or foreign country) <u>Cooper Co. Mo.</u>		

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH <u>July 6</u> (Month) <u>1914</u> (Year)
I HEREBY CERTIFY, that I attended deceased from <u>June 28</u> (Month) <u>1914</u> (Year), to <u>July 5</u> (Month) <u>1914</u> (Year), that I last saw him alive on <u>July 5</u> (Month) <u>1914</u> (Year), and that death occurred, on the date stated above, at <u>2 pm</u> .
The CAUSE OF DEATH* was as follows: <u>Tuberculosis of the Lungs</u>
Contributor (SECONDARY) <u>Stomach Trouble</u>
(Signed) <u>A.B. Stone</u> M. D.
(Address) <u>Lamar Mo</u>

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death <u>5</u> yrs. <u>9</u> mos. <u>—</u> ds. State <u>—</u> yrs. <u>—</u> mos. <u>—</u> ds.
Where was disease contracted If not at place of death? <u>—</u>
Former or usual residence <u>—</u>

PLACE OF BURIAL OR REMOVAL <u>Lake Cem. Lamar</u>	DATE OF BURIAL <u>July 7</u> (Month) <u>1914</u> (Year)
UNDERTAKER <u>Hoyt Humphrey</u>	ADDRESS <u>Lamar Mo.</u>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Mary A. Gray  
(ADDRESS) Lamar Mo.Filed July 6 1914

REGISTRAR

Original file, date July 6 1914 All information called for must be written on this Supplementary Certificate.

# Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health  
Association]

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