

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.

9339

1. PLACE OF DEATH

County St. Louis
Township Platichall
City Grant City (No.)

Registration District No. 403

Primary Registration District No. 6712

File No.

Registered No. 7

St. Ward)

2. FULL NAME

(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 Life time yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

V MEDICAL CERTIFICATE OF DEATH

3. SEX

M.

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

Single

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

Nov. 2, 1909

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. min.

26

3

25

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

General farming

(c) Name of employer

Chas. Gray

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Grant City

Missouri

10. NAME OF FATHER

Charles P. Gray

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Wentzville

Illinois

12. MAIDEN NAME OF MOTHER

Caroline Lamb

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Wentzville

Missouri

14.

INFORMANT

Prussian Gray

(Address)

Grant City Mo

15.

FILED

3/1 1929

REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Feb 27 1929

17.

I HEREBY CERTIFY, That I attended deceased from Feb 27, 1929, to Feb 27, 1929, that I last saw him alive on Feb 27, 1929, and that death occurred, on the date stated above, at 9:27 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General Peritonitis

CONTRIBUTORY (SECONDARY)

Gangrenous appendix

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, ...

(DID AN OPERATION PRECEDE DEATH? no. DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) J. P. Higgs

M. D.

(Address) Grant City Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Platichall Cemetery

3/1 1929

20. UNDERTAKER

ADDRESS

Arch C. Dungee

Grant City Mo

