

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

Do not use this space.

23835

1. PLACE OF DEATH

County Fettis

Registration District No. 668

File No. _____

Township Longwood

Primary Registration District No. 5898

Registered No. 178

City Longwood, Mo.

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

yrs.

mos.

ds.

How long in U.S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female White

4. COLOR OR RACE

Widowed

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

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

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

Feb. 22 1865

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, _____ hrs. or _____ min.

65

4

20

8. OCCUPATION OF DECEASED

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

Telephone Operator

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Longwood, Mo.

10. NAME OF FATHER

Daniel M. Gray

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ontario, Canada

12. MAIDEN NAME OF MOTHER

Fleming M. Martin

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Estill, Virginia

14.

INFORMANT

(Address)

Mr. Gray (brother)
Longwood, Mo.

15.

FILED

7-16-30

J. L. Love

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

July 12 - 1930

I HEREBY CERTIFY, That I attended deceased from

May 21 - 1930 to July 12 - 1930

that I last saw him alive on July 12 - 1930 and that death occurred, on the date stated above, at 5:30 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza

CONTRIBUTORY (SECONDARY)

1523 Metastases - Abscess

Gastric

(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? _____

DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

J. D. Proctor

M. D.

, 19

(Address)

Longwood, 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

Longwood, Mo.

July 14 1930

20. UNDERTAKER

ADDRESS

J. L. Surry

Marshall, Mo.

RECEIVED JUL 26 1930
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.

