

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

Do not use this space.

41733

1. PLACE OF DEATH

County Oregon Registration District No. 632
 Township Polk Primary Registration District No. 4387
 City Prineville (No. 3834) St. _____ Ward _____

2. FULL NAME

Daniel P. Gray
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>Wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (NAME OF _____) <u>Elizabeth - Henry</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>2-27-1849</u>		
7. AGE YEARS <u>87</u>	MONTHS <u>9</u>	DAYS <u>20</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farmer</u>		
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) <u>Sumner</u>		
13. NAME <u>Abraham Gray</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sumner</u>		
15. MAIDEN NAME <u>Whitson</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sumner</u>		
17. INFORMANT (ADDRESS) <u>Gas A. Gray</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Gray Cem.</u> DATE <u>12/18 31</u> 19 <u>31</u>		
19. UNDERTAKER (ADDRESS) <u>None</u>		
20. FILED <u>12/30</u> 19 <u>31</u> <u>Lo. Rhea</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-17-1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 6 1931, to Dec 15 1931
 I last saw him alive on Dec 17 1931 Death is said to have occurred on the date stated above, at 9:00 a.m.
 The principal cause of death and related causes of importance were as follows:
Pneumonia
82 3
11A
 Other contributory causes of importance:
Local Paralysis
 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) H. J. Morris M. D.
 (Address) Wagon Mt. Sp. Hosp.

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.

