

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

Do not use this space.

22778

**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_  
Township Raw Primary Registration District No. \_\_\_\_\_  
City Harbor City Wesley Hosp.

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward Bellton 200  
(Usual place of abode)  
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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u> Vera Gray</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>4-20-1878</u>		
7. AGE	YEARS <u>57</u>	MONTHS <u>2</u>
	DAYS <u>12</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	11. Total time (years) spent in this occupation. <u>12 1/2</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) _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
MOTHER	13. NAME <u>Jessie M. Gray</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
	15. MAIDEN NAME <u>Georgea Slocum</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
17. INFORMANT <u>Vera Gray Bellton Mo</u>		
18. BURIAL, CREMATION OR REMOVAL PLACE <u>Bellton</u> DATE <u>7-10-1932</u>		
19. UNDERTAKER (ADDRESS) <u>W. H. George &amp; Sons Bellton Mo</u>		
20. FILED <u>7/9</u> 19 <u>32</u> <u>M. M. Brown</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-8-1932

22. I HEREBY CERTIFY, That I attended deceased from July 7<sup>th</sup>, 1932, to July 8<sup>th</sup>, 1932  
I first saw h. alive on July 8<sup>th</sup>, 1932. Death is said to have occurred on the date stated above, at 11 P.m.  
The principal cause of death and related causes of importance were as follows:  
Peritonitis due to perforated Gall Bladder. Possibly stones. Otherwise unknown.  
Other contributory causes of importance: Endocarditis (Aortic Stenosis)

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Physical 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) J. A. Robinson, M. D.  
(Address) 926 E 11<sup>th</sup> St. Wesley Hospital

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.

