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

Do not use this space.

31904

File No. .....

Registered No. 57 - 32

1. PLACE OF DEATH

35 County Dunklin — Registration District No. 290

Township Salem — Primary Registration District No. 5408

City ~~Senath~~ (No. ..... St. ..... Ward)

2. FULL NAME S. E. Gray Jr

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 19, 1932

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
			6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work X
(b) General nature of industry, business, or establishment in which employed (or employer) X
(c) Name of employer X

9. BIRTHPLACE (CITY OR TOWN) Dunklin County
(STATE OR COUNTRY) Mo 1

PARENTS

10. NAME OF FATHER S. E. Gray

11. BIRTHPLACE OF FATHER (CITY OR TOWN) 2
(STATE OR COUNTRY) Ky

12. MAIDEN NAME OF MOTHER Roddie Sell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dunklin County
(STATE OR COUNTRY) Mo 1

14. INFORMANT S. E. Gray
(Address) Senath, Mo.

15. FILED 11/10, 1932 A. Glenn Davis, M. D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 25 1932

17. I HEREBY CERTIFY, That I attended deceased from October 19, 1932, to Oct. 24, 1932 that I last saw him alive on Oct 24, 1932, and that death occurred, on the date stated above, at 8:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Esophageal Atresia

15 7 30 (duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) Not Known (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED (1)
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Robert E. Martin, M. D.
, 19 (Address) Senath 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
Senath Cemetery	Oct 25 1932
20. UNDERTAKER	**ADDRESS**
McDaniel Fleurn Co	Senath, Mo

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.

NOV 23 1932