

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

Do not use this space.

36686

1. PLACE OF DEATH

County Sheepers Registration District No. 677
 Township Rosela Primary Registration District No. 4403
 City Rosela No. _____ St. _____ Ward _____

File No. _____
 Registered No. 94

2. FULL NAME

Mrs. Margarete Grayson
 (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 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 5A. IF MARRIED, WIDOWED OR DIVORCED Widowed HUSBAND OF Herbert Grayson (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 22 1902
 7. AGE YEARS 30 MONTHS _____ DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2 1/2
 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) Sheepers Co. Mo.
 13. NAME W. F. Sekhwartz
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois
 15. MAIDEN NAME Mary Watson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sheepers Co. Mo.
 17. INFORMANT (ADDRESS) Frank Watson
 18. BURIAL, CREMATION, OR REMOVAL PLACE Deaver DATE 11-20 1932
 19. UNDERTAKER (ADDRESS) Harry K. Miller
Rosela Mo.
 20. FILED Nov. 20 1932 Jos. F. Oyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 18 1932
 22. I HEREBY CERTIFY, That I attended deceased Nov 18 1932, to Nov 19 1932
 I last saw him alive on Nov 18 1932. Death is said to have occurred on the date stated above, at 4 a. m.
 The principal cause of death and related causes of importance were as follows:
Total Pregnancy - ruptured Date of onset Nov 18
Admitted to death level
14 hours or a few hours after operation
 Other contributory causes of importance: Internal hemorrhage and shock
 Name of operation 14 1/2 B Date of Nov 15, 1932
 What test confirmed diagnosis? _____ 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) Arthur McNeal M. D.
 (Address) Rosela, 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.

