

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

Do not use this space.

2764

MAR 3 1933

1. PLACE OF DEATH

85 County Pulaski Registration District No. 713
Township Collins Primary Registration District No. 5942
City Hooker (No. _____) St. _____ Ward _____

2. FULL NAME

Eller Adesara Grey
(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 (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 8, 1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
33 30

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) Newhattan Ark

MOTHER FATHER
13. NAME O E Ludwig Illinois

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Ludwig

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not know

17. INFORMANT (ADDRESS) Claud Grey Hooker Ark

18. BURIAL, CREMATION, OR REMOVAL PLACE Arkansas DATE _____ 19 _____

19. UNDERTAKER (ADDRESS) F H Gilbert

20. FILED 118 1932 C G Talbot Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 7th 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 7th 1933 to Jan 7th 1933
I last saw him alive on Jan 4th 1933. Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

Bunch of pneumonia Date of onset 11/2/33
11A
10/1/33
11/1/33
Other contributory causes of importance: _____
Flu 12/28/32

Name of operation _____ Date of _____
What test confirmed diagnosis Physical 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) C. G. Talbot, M. D.
(Address) Waynesville

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.

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