

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

Do not use this space.

**23767**

**1. PLACE OF DEATH**

64 County Marion Registration District No. 547  
Township Marion Primary Registration District No. 3039  
City Hannibal (No. Jernemy Hospital)

File No. \_\_\_\_\_  
Registered No. 209  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(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 Male 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) divorced  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-20-1878  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
55 1 6

8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. Jabron  
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) Mo

13. NAME Robt C Gray

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

15. MAIDEN NAME Anna Gray

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Ellen Bell (ADDRESS) 1205 North St

18. BURIAL, CREMATION, OR REMOVAL PLACE Baptist Cem DATE 7/8 1933

19. UNDERTAKER (ADDRESS) W E Roberts  
4 E. Commercial Mo

20. FILED July 10 1933 R. C. Jabron Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-5 1933  
22. I HEREBY CERTIFY, That I attended deceased from 6-27 1933, to 7-5 1933  
I last saw h. \_\_\_\_\_ alive on 7-5 1933 Death is said to have occurred on the date stated above, at 4:45 P m.

The principal cause of death and related causes of importance were, as follows:  
Chromic Obstruction Date of onset 7-4-33  
Strangulated Hernia  
Other contributory causes of importance \_\_\_\_\_

Name of operation Herniotomy Date of \_\_\_\_\_ 6-27-33  
What test confirmed diagnosis? \_\_\_\_\_ Was here 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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) W E Roberts M. D.  
(Address) 4 E Commercial Mo

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.

2025 2 6 1933

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