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Do not use this space.

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

26168

1. PLACE OF DEATH

County Greene Registration District No. 318
Township Springfield Primary Registration District No. 2001
City Springfield (No. 576 N. Locust) St. Mo. Ward 1

File No. 595
Registered No. 595

2. FULL NAME

(a) Residence, No. 576 N. Locust St., Mo. 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) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 2 - 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 6 16

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. House Work

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) California

13. NAME Orion P Gray

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

15. MAIDEN NAME Caroline Lunsley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Y.

17. INFORMANT (ADDRESS) Edna L. Adams Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Woods Cemetery DATE Aug 30 1933

19. UNDERTAKER (ADDRESS) J. W. Kingrey & Co. Springfield, Mo.

20. FILED 4-26 1933 Ralph W. Sanston Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 18 1933

22. I HEREBY CERTIFY, That I attended deceased from June 10 1933 to Aug 18 1933

I last saw him alive on Aug 18 - 5 AM 1933. Death is said to have occurred on the date stated above, at G. R. M.

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

Valvular heart disease Date of onset

Other contributory causes of importance: Bright's disease

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? ✓

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? n.o. Date of injury _____, 1933

Where did injury occur? n.o. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury n.o.

Nature of injury n.o.

24. Was disease or injury in any way related to occupation of deceased? n.o. If so, specify _____

(Signed) J. E. Kern, M. D.

(Address) Springfield Mo

WHITE 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.

SEP 26 1933

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