

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

Do not use this space.

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1. PLACE OF DEATH

County Jackson
Township Ward
City N. C. 220 (No. N. C. General)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Sarah Gray

(a) Residence, No. 5721 Myrtle St. _____ Ward _____

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 29 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 | | 11

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.

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) Ohio

13. NAME Michael Lynch

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

15. MAIDEN NAME Lucinda Tomplin

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

17. INFORMANT Robt. E. O'Dell (ADDRESS) 5721 Myrtle, Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Nov. 11-33

19. UNDERTAKER Mrs. C. E. Foster (ADDRESS) 918 Broadway, Ave.

20. FILED 11-10, 19 33 m m c r o n e Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/10/33 19 33

22. I HEREBY CERTIFY THAT I attended deceased from _____, 19____ to _____, 19____

I last saw him _____ alive on _____, 19____. Death is said

to have occurred on the date stated above 11/10/33.

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

Fracture of left hip Date of onset 1933

Bronchopneumonia 12/10/33

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis Autopsy Was there an autopsy yes

23. If death was due to external causes (accident, fill in also the following: Accident, suicide, or homicide) _____ Date of injury 11/10/33

Where did injury occur? 5721 Myrtle, Ave. (Specify city or town, county, and State)

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

Manner of injury Fall down stairs at home

Nature of injury Fracture of the hip

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) [Signature] (Address) [Address]

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 OCCURRENCE is very important.

MAINTAINED RESERVED FOR BINDING

FORM NO. 2

1934

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M. D.

