

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.

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

Do not use this space.

21091

1. PLACE OF DEATH

County Lewis
Township Fairview
City (No.) (No.) St. Ward)

Registration District No. 1076
Primary Registration District No. 568D

File No. 6
Registered No. 6

2. FULL NAME

Margrett Montgomery Gray

(a) Residence, No. St. Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------------------------------------------------------------------------------------|----------------------------------|-----------------------------------------------------------------------------|
| 3. SEX <u>Female</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Samuel A Gray</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 3 18 44</u> | | |
| 7. AGE | YEARS <u>9 0</u> | MONTHS <u>4</u> |
| | DAYS <u>25</u> | IF LESS than 1 day, hrs. or min. |

| | |
|------------|-------------------------------------------------------------------------------------------------------------------|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife.</u> |
| | 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) Pa13. NAME John Montgomery14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chillicothe15. MAIDEN NAME Rose Knorr16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chillicothe17. INFORMANT J B Gray
(ADDRESS) Chillicothe Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Avalon Cem. DATE 6 29 193419. UNDERTAKER F B Norman
(ADDRESS) Chillicothe Mo20. FILED June 27 1934 Mrs. Chas. Ludwig
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6 - 28 193422. I HEREBY CERTIFY That I attended deceased from June 19 1933 to June 28 1934I last saw her alive on June 10 1934. Death is said to have occurred on the day stated above, at 12:30 A.M.

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

Heart decompensation Date of onset93 C45 BA3COther contributory causes of importance:
Chronic MyocarditisName of operation none Date ofWhat test confirmed diagnosis? Cholera Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?

Where did injury occur?

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) R. B. Brennan M. D.
(Address) Chillicothe, Missouri

