

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

Do not use this space.

SEP 20 1934

1. PLACE OF DEATH

County Jackson
Township Newton
City St. Louis

Registration District No. 399
Primary Registration District No. 1002

File No. 29466
Registered No. 3883
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Sidney Madsworth Mc Gray
(Usual place of abode) Cedar Rapids Iowa 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 ma 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 6, 1924

7. AGE YEARS 10 MONTHS 8 DAYS 12 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy

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) Cedar Rapids Iowa

13. NAME Vance W. Mc Gray

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

15. MAIDEN NAME Dois Wilson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Coryville Indiana

17. INFORMANT Vance W. Mc Gray (ADDRESS) Cedar Rapids Iowa

18. BURIAL, CREMATION, OR REMOVAL PLACE Cremation DATE 8-19-34

19. UNDERTAKER (ADDRESS) W. J. Fagerman & Son

20. FILED 6/19 1934 H. M. Larson Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 18 1934

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, at _____ m.

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

Fracture of skull
Drowning
183
1940

Date of onset 183

Other contributory causes of importance _____

Name of operation None Date of _____

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

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Aug 18, 1934

Where did injury occur? Cedar Rapids Iowa (Specify city or town, county, and State)

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

Manner of injury Run into iron railing

Nature of injury Fr skull

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) J. N. Williams, M. D.

(Address) H. J. Meo

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.

