JAN 15 1935

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

Do not use this space.

42369

1. PLACE OF DEATH

County: Clinton — Registration District No.: 207 — File No.: 21

Township: — Primary Registration District No.: 4125 — Registered No.: 41

City: Plattsburg (No. ..... St. ..... Ward)

2. FULL NAME: Ethel Louisa Gray

(a) Residence, No. ..... St. ..... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred: 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: Colored.

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): Mar. 25 1883

7. AGE: Years 51 — Months 8 — Days 24 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Family Laborer

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): St. Joseph Mo.

FATHER

13. NAME: Sam Gray

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): U. S. A.

MOTHER

15. MAIDEN NAME: Clara Hayden

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Randolph County Mo.

17. INFORMANT (ADDRESS): Louisa Hicks Plattsburg Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Plattsburg Mo. DATE: 12-22, 1934

19. UNDERTAKER (ADDRESS): Nelson & O'Brien Plattsburg Mo.

20. FILED: Dec 22, 1934 Eugenee Chastain Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1934, to Dec 19, 1934

I last saw h... alive on Dec 19, 1934. Death is said to have occurred on the date stated above, at 1:45 m.

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

Chronic Nephritis with Acute Pneumonia

Date of onset

Other contributory causes of importance:

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? ..... 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) L. D. Reynolds, M. D.

(Address) Plattsburg Mo.

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.