

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.

JUN 5 1935

15423

1. PLACE OF DEATH

County Monroe
Township Smith
City Littleton (No., St. Ward)

Registration District No. 903
Primary Registration District No. 6211

File No.
Registered No.

2. FULL NAME

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 53 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 2, 1845

7. AGE YEARS 89 MONTHS 10 DAYS 21 If LESS than 1 day, ... hrs. or min.

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

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) 1920 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gallopah's Ohio

13. NAME Isaac Gray

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

15. MAIDEN NAME Mary — Unknown

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

17. INFORMANT Mrs. Andrew M. Elbert (ADDRESS) Frank City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hick Co. Mo. DATE 4/26/1935

19. UNDERTAKER Arch C. Temple (ADDRESS) Frank City, Mo.

20. FILED May 4, 1935 Arch C. Temple Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-23-1935

22. I HEREBY CERTIFY, That I attended deceased from 5-10-1933 to 4-23-1935

I last saw him alive on 4-23-1935 Death is said to have occurred on the date stated above, at 20° P.

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

Chronic interstitial nephritis Date of onset 10 yrs.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? W

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? W

If so, specify ✓

(Signed) Arch C. Temple, M. D.

(Address) Frank City, Mo.

