

N. B.—Every item of information should be carefully supplied. AGE statement of OCCUPATION is very important. 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.

18411

1. PLACE OF DEATH

County.....

Township.....

City.....

Registration District No. 791

Primary Registration District No. 1003

File No.

Registered No. 4765

St. Ward)

2. FULL NAME

(a) Residence, No. 1448 No 19 St. 21 Ward.

(Usual place of abode)

(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

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

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

Mellie Mc Gray

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

April 16-1874

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

61

1

13

OCCUPATION

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

Hotelman

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)

Houston Mo.

MOTHER FATHER

13. NAME

Hilken Mc Gray

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

Houston Mo.

15. MAIDEN NAME

Georgia Atchley

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

Houston Mo.

17. INFORMANT (ADDRESS)

Mrs. Mellie Mc Gray 1448 No 19 St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Concordia

DATE May 31 1935

19. UNDERTAKER (ADDRESS)

Central Undert Co. 1841 E. 9th

20. FILED MAY 29 1935

J. Biedeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29 1935

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:

Chronic Myocarditis
Chronic Interstitial Nephritis
Coronary Arteriosclerosis
Atherosclerosis of Arteries
Cause unknown

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)....., M. D.

Address.....

3/24/35

