

MAY 20 1936

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

Do not use this space.

14843.

1. PLACE OF DEATH

County GreeneRegistration District No. 318

Township

Primary Registration District No. 2001

City

Springfield (No. 19125) Praver

File No.

Registered No. 378

St. Ward)

2. FULL NAME

(a) Residence, No. 1912 E Praver 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret Gray6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 9 18617. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 74 5 148. 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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wesley Mass13. NAME Oren P Gray14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buffalo15. MAIDEN NAME Sarah Dutton16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wesley Mass17. INFORMANT Mrs Margaret Gray(ADDRESS) Springfield Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Marys DATE 4/27 193619. UNDERTAKER German of Cooper(ADDRESS) Springfield Mo20. FILED 4-25 1936 Dr Chas A George

(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/23 193622. I HEREBY CERTIFY, That I attended deceased from Feb 27 1936 to April 23 1936I last saw him alive on April 23 1936 Death is saidto have occurred on the date stated above, at 8:30 p.m.

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

Organic heart disease
myocardial infarction
arteriosclerosis - also heart
muscle.

Date of onset

DO NOT
REUSE

Other contributory causes of importance:

Asking - Inflammation chestName of operation none Date of 1931What test confirmed diagnosis? None Was there an autopsy? None

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? no

If so, specify

(Signed) A. Anderson M. D.(Address) Two Medical Arts BldgSpringfield 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.

