

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.

23245

## 1. PLACE OF DEATH

County Jasper Registration District No. 556  
Township Marion Primary Registration District No. 22 Registered No. 1936  
City Hendricktown (No. \_\_\_\_\_) St. \_\_\_\_\_ (Ward \_\_\_\_\_)

2. FULL NAME Mrs. Rebecca Anna Grey

(a) Residence, No. Carthage R. D. #1 St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>J. W. Grey</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 15, 1865</u>				
7. AGE	YEARS <u>70</u>	MONTHS <u>9</u>	DAYS <u>2</u>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>			
	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) <u>Benton County Ohio</u>				
FATHER	13. NAME <u>Royal Ramey</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Virginia</u>			
MOTHER	15. MAIDEN NAME <u>Unknown</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Ohio</u>			
17. INFORMANT <u>Mrs. Margie Lippert</u> (ADDRESS) <u>201 Clinton</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Park Cemetery</u> DATE <u>June 22, 1936</u>				
19. UNDERTAKER <u>Knell Mortuary</u> (ADDRESS) <u>Carthage, Mo.</u>				
20. FILED <u>June 22, 1936</u> <u>S. D. Clinton</u> Registrar.				

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>June 17, 1936</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>Aug 9, 1935</u> , to <u>June 17, 1936</u> I last saw him alive on <u>June 17, 1936</u> . Death is said to have occurred on the date stated above, at <u>11:30 p. m.</u> The principal cause of death and related causes of importance were as follows: <u>Chronic myocarditis. Apr. 1935</u> <u>Sudden heart failure</u> <u>possibly coronary thrombosis</u> Date of onset <u>Apr. 1935</u>
Other contributory causes of importance: <u>Sudden heart failure</u> <u>possibly coronary thrombosis</u> Date of onset <u>Apr. 1935</u>
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? <u>Yes</u>
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? <u>No</u> If so, specify _____ (Signed) <u>R. N. Webster</u> , M. D. (Address) <u>Carthage Mo.</u>

