

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

Bruton  
Do not use this space.

**JUN 2 1 1937**

1. PLACE OF DEATH  
County Greene Registration District No. 318  
Township \_\_\_\_\_ Primary Registration District No. 2001  
City Springfield, Mo. (No. 910 E. Olive) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Donald Gene Gray  
(a) Residence, No. 910 E. Olive St. \_\_\_\_\_ 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.

File No. 20009  
Registered No. 0351  
St. \_\_\_\_\_ Ward \_\_\_\_\_

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 4, 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
0 0 0 4 4 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
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) Springfield, Mo.

13. NAME Unknown

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

15. MAIDEN NAME Alice Gray

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joplin, Mo.

17. INFORMANT Mrs. M. C. Allen  
(ADDRESS) Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Eastlawn DATE 5/8/37

19. UNDERTAKER Herman Lohmeyer Funeral Home  
(ADDRESS) Springfield, Mo.

20. FILED May 5 1937 Charl George Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/4/37

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1937 to May 4, 1937  
I last saw him alive on May 4, 1937 Death is said to have occurred on the date stated above, at 9:45 a.m.  
The principal cause of death and related causes of importance were as follows:  
Premature Birth  
6th month  
Date of onset \_\_\_\_\_

Other contributory causes of importance: 19  
15

Name of operation none 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) J. Bruton M. D.  
(Address) Springfield Mo

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000