

REC'D APR 7 1938

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

Do not use this space.

1. PLACE OF DEATH

4 County Andrain Registration District No. 26
4 Township Salt River Primary Registration District No. 3002
2 City Mexico Mo (No. Andrain Hospital)

9996
File No.
Registered No. 35
St. Ward

2. FULL NAME

Richard Nelson Gray 600
(a) Residence, No. Ladsonia Mo. 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.

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) Sallie Gray

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 28 - 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 5 5

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

10. Date deceased last worked at this occupation (month and year) 1923 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe City Mo.13. NAME David Gray14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known15. MAIDEN NAME Mary Elizabeth Clayton16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known17. INFORMANT (ADDRESS) Mrs Sallie Gray Ladsonia Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Farmer Mo. DATE Mar. 7 193819. UNDERTAKER (ADDRESS) Hot Springs Ladsonia Mo.20. FILED March 5 1938 Blanche Neely Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 5 1938

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 11 P. m.

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

Came to his death by being accidentally struck by a car driven by Mr. R. B. Ball at Junction Highway 54 - and Falls road.
Other contributory causes of importance: Unavoidable

Name of operation none Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: accident, suicide, or homicide Accident Date of injury 3-4 1938Where did injury occur? Junction Highway 54 & Falls Road (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place. Public PlaceManner of injury Struck by car
Nature of injury Both legs broken. Head injury24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____(Signed) M. M. ...
(Address) Mexico Mo

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

PAPER RESERVED FOR BINDING

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.

V. S. NO. 2
100MC-11-24-33

1-1-2022