

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**

26059  
 Do not use this space.

REC'D AUG 26 1938

1. PLACE OF DEATH  
 (a) County Nodaway Registration District No. 619  
 (b) Township \_\_\_\_\_ Primary Registration District No. 5-8-21 Registered No. 4  
 (c) City Clearmont (d) Street No. 4210 St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lucy Lee Gray  
 (a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (married)  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W.S. Gray  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 15, 1862  
 7. AGE YEARS 76 MONTHS 5 DAYS \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_  
 FATHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Savannah, Mo.  
 13. NAME Daniel Logan  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown  
 MOTHER 15. MAIDEN NAME unknown  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown  
 17. INFORMANT W. S. Gray  
 (ADDRESS) Clearmont, Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Hazel Dell Cem. DATE 7-18-1938  
 19. FUNERAL DIRECTOR (ADDRESS) Price Funeral Home  
Maryville Mo.  
 20. FILED Aug 5 1938 W. B. Hampton  
 Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15, 1938  
 22. I HEREBY CERTIFY, That I attended deceased from My 2nd visit after 19\_\_\_\_  
 I last saw deceased since 6/15 1938. 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:  
Coronary occlusion Date of onset 7/15/38  
Chronic myocarditis  
 Other contributory causes of importance: Senility  
 Name of operation \_\_\_\_\_ 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? \_\_\_\_\_ 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) B. J. England, M. D.  
 (Address) Banking & Ins. Co.

STATEMENT BY LICENSED EMBALMER

I, John W. Price, Licensed Embalmer No. 3229

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed John W. Price  
Licensed Embalmer No. 3229

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**