

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

32913
 Do not use this space.

OCT 25 1938

1. PLACE OF DEATH

(a) County nodaway Registration District No. 625
 (b) Township _____ Primary Registration District No. 3031 Registered No. 90
 (c) City Maryville (d) Street No. _____ 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. 3 ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

ELDON LEROY GRAY
 (a) Residence, No. St. Francis Hospital St. Shidmore Mo.
 (Usual place of abode, if no street address write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 20 - 1929</u>		
7. AGE YEARS <u>8</u>	MONTHS <u>8</u>	DAYS <u>23</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Parnell Mo.</u>		<u>0</u>
13. NAME <u>Rolo Gray</u>		<u>1</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iowa</u>		<u>0</u>
15. MAIDEN NAME <u>Margaret Griffey</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Burlington Jet, Mo.</u>		
17. INFORMANT (ADDRESS) <u>Rolo Gray, Shidmore Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oak Hill</u> DATE <u>Aug 14 38</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>Price Funeral Home, Maryville Mo.</u>		
20. FILED <u>Sept 14 1938</u> <u>Mamie E. Clardy</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 13 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 12 1938 to Sept 13 38
 I last saw him alive on Sept. 13 1938 Death is said to have occurred on the date stated above, at 6:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Acute Suppurative Appendicitis with General Peritonitis Date of onset _____
 Other contributory causes of importance: _____
 Name of operation Autopsy Date of 9/13 1938
 What test confirmed diagnosis? Microscopy & Laboratory Was there an autopsy? Yes
 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) Chas. T. Rice, M. D.
 (Address) Maryville, 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.

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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.)