

REC'D MAR 15 1939

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

6051

Do not use this space.

1. PLACE OF DEATH

(a) County Caldwell Registration District No. 94
(b) Township Breckenridge Primary Registration District No. 5140
(c) City or (d) Street No. _____
(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. da. (f) How long in U. S. of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. _____ St. William Monterville Gray
(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 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 Kate Gray
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 31 1866
7. AGE YEARS 72 MONTHS 4 DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
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) Breckenridge Mo

13. NAME Thos Gray

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jacksboro Mo

15. MAIDEN NAME Malinda Stanley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll Co Mo

17. INFORMANT (ADDRESS) Donald Gray
Breckenridge Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Ross Hill DATE Feb 7 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) T. McFarland
Breckenridge Mo

20. FILED Feb 11 1939 A. R. Wilsey
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 5 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 4th 1938 to Feb. 5th 1939

I last saw him alive on Feb. 4th 1939 Death is said to have occurred on the date stated above, at 9 A. P. m.

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

Chronic Interstitial Endocarditis

92 Date of onset Dec 1937

Other contributory causes of importance:

Name of operation none Date of _____

What test confirmed diagnosis? Symptoms 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) A. R. Wilsey, M. D.

(Address) Breckenridge, Missouri

RECEIVED

District Health Officer No. 11,

District File Number 39-66

Date Filed MAR 9 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

T. J. McBeck

....., Registered Apprentice No.

working under my personal supervision.

Signed

T. J. McBeck

Licensed Embalmer No. 1570

P. O. Address

Brockton, Mass.

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.)

* If this body is not embalmed, above space should be left blank.