

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

30M-9-100 I X 10603

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

9988
Do not use this space

REC'D APR 18 1939

1. PLACE OF DEATH
 (a) County Benton Registration District No. 60
 (b) Township West White Primary Registration District No. 5092
 (c) City _____ (d) Street No. _____ Registered No. 5
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (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 Mrs. Lilith Sims Gray
 (a) Residence, No. _____ St. (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 Female 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 Maurice J. Gray

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 31, 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 6 18

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
 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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Windsor, M. Missouri.

FATHER
 13. NAME Alfred R. Sims
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincolnshire England

MOTHER
 15. MAIDEN NAME Sally White
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown unknown

17. INFORMANT (ADDRESS) M. J. Gray Windsor, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Windsor, Mo. DATE Mar. 19 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Huston-Turner Windsor, Missouri

20. FILED Mar. 23 39 Mrs Amy K. Rhodes Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 18 1939

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1939 to March 18, 1939
 I last saw her alive on March 16, 1939. Death is said to have occurred on the date stated above, at 2:30 a m
 The principal cause of death and related causes of importance were as follows:
Sclerosis
Chronic Myocarditis

Other contributory causes of importance: _____

Name of operation None Date of _____
 What test confirmed diagnosis? Physical 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? No
 If so, specify _____ (Signed) Ray B Jordan, M. D.
Wilson (Address) _____

Date of onset
3-14-39

RECEIVED
District Health Officer No. 71
District File Number 7-29-483
Date Filed 4-11-39

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed E. M. Hester
Licensed Embalmer No. 3391
P. O. Address Windsor, Mo.

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.