

51  
 (65) JUL 18 1939

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

22462  
 Do not use this space.

1. PLACE OF DEATH

(a) County Johnson Registration District No. 426  
 (b) Township Chilhowee Primary Registration District No. 5581  
 (c) City or \_\_\_\_\_ (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 58 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 608 John W. Gray

(a) Residence, No. Near Chilhowee 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 Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Molly Gray.  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1864  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.  
75 0 Unknown

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

12. BIRTHPLACE (CITY OR TOWN) Henry County, D (STATE OR COUNTRY)

FATHER 13. NAME Unknown 9

14. BIRTHPLACE (CITY OR TOWN) Unknown 9 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

17. INFORMANT Mrs. Molly Gray (ADDRESS) Chilhowee, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE Holden, Mo. DATE 6/2/39 19

19. FUNERAL DIRECTOR (NAME) O. L. Cook (ADDRESS) Chilhowee, Missouri.

20. FILED 6/1/39 19 O. L. Cook Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/1/39 19  
 22. I HEREBY CERTIFY, That I attended deceased from July 10th, 1938, to May 31st, 1939  
 I last saw h. alive on MAY 31st, 1939 Death is said to have occurred on the date stated above, 10:30 A.M.  
 The principal cause of death and related causes of importance were as follows:

CORONARY OCCLUSION  
948  
 Date of onset March 7-31 1939  
 Other contributory causes of importance: enlarged Prostate and cystitis 1938

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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) G. M. Kendall, M. D.  
862 (Address) Chilhowee Mo

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

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.

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 7/11/29

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.....

..... O. L. Cook ....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... O. L. Cook .....

Licensed Embalmer No 2708.....

P. O. Address Chilhowee, Missouri.....

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.