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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32525

Registration District No. 547

Primary Registration District No. 3029

Registrar's No. 252

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Elizabeth
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Merton Cleveland Gay

8. (b) If veteran, name war _____

3. (c) Social Security No. 510-14-7487

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Florence Gay

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Nov. 20 1884
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>55</u>	<u>9</u>	<u>11</u>	_____ hr. _____ min.

9. Birthplace Vandalia Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Truck Driver

11. Industry or business W.O. Anderson Truck

MOTHER FATHER

12. Name Thomas Gay

18. Birthplace Baylis Ill.
(City, town, or county) (State or foreign country)

14. Maiden name Malissa Mc-Kenney

15. Birthplace Baylis, Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. M. C. Gay

(b) Address Salina Kansas

17. (a) Salina Kansas (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salina, Kansas

18. (a) Signature of funeral director W. J. Smith

(b) Address 902 Broadway Hannibal, Mo.

19. (a) Sept 2 1940 (b) W. J. Smith
(Date of registration) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Saline

(c) City or town Salina
(If outside city or town limits write "RURAL")

(d) Street No. 408 E. Mulberry
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day First
year 1940 hour 4 minute 40 A.M.

21. I hereby certify that I attended the deceased from Aug 27, 1940, to Sept 1, 1940
that I last saw him alive on Sept 1, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture 5th cervical vertebrae

Due to Paraplegia

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Aug 27 - 40

(c) Where did injury occur? Highway - near
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway

8 While at work? yes (Specify type of place) (e) Means of injury Truck

23. Signature W. J. Smith (M. D. or other) _____
Address Hannibal Mo Date signed Sept 2

Duration 40

Physician _____

Underline the cause to which death should be charged statistically.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **325-25-**
Registrar's No. **252**

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. **547**

Primary Registration District No. **3029**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **Merion**
(b) City or town **Wasson**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME **Merton Cleveland Gray**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **M**

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years **53** Months **9** Days **11** If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Registrar's signature)

(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

PHYSICIAN CERTIFICATION

20. DATE OF DEATH Month **Sept** day **1** year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;

that I last saw him _____ alive on _____ 19____ and that death occurred on the date and hour stated above.

Immediate cause of death **fractured cervical vertebrae** Duration _____

Due to **paraplegia**

Due to _____

Other conditions _____ (include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy **fractured cervical vertebrae**

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **accidents**

(b) Date of occurrence **Aug 26 1940**

(c) Where did injury occur? **South Kansas** (City or town) _____ (County) _____ (State) _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Public Highway**

While at work? _____ (Specify type of place)

(e) Means of injury **Auto**

23. Signature **M. J. ...** (M. D. or other) _____

Address **Wasson Mo** Date signed **Dec 2 1940**

SUPPLEMENTARY

Non collisive -
Highway Dept Report - 10-5-40