

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

Do not use this space.  
**15740**

99

**FILED MAY 13 1942**

**1. PLACE OF DEATH**

County Scottland  
Township Miller  
City Downing (No. \_\_\_\_\_)

Registration District No. 802-112  
Primary Registration District No. 6446

File No. \_\_\_\_\_  
Registered No. 70  
St. \_\_\_\_\_ Ward) \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. RURAL Ward. \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 80 yrs. 9 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nathan Gray

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 10-1861

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
	<u>80</u>	<u>9</u>	<u>19</u>	

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work. Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer).  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Schuyler Mo.  
(STATE OR COUNTRY)

**PARENTS**  
10. NAME OF FATHER William McVey  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Harrison Mo.  
(STATE OR COUNTRY)  
12. MAIDEN NAME OF MOTHER Margy Leach  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Phillips Mo.  
(STATE OR COUNTRY)

14. INFORMANT Lee Gray  
(Address) Downing Mo

15. FILED April 30 1942 H.E. Gerwig REGISTRAR  
Bernice Wilson Registrar

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar-29-42

17. I HEREBY CERTIFY, That I attended deceased from Mar 27, 1942, to Mar 27, 1942 that I last saw her alive on Mar 27, 1942 and that death occurred, on the date stated above, at 10 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Influenza and  
a Purulent Poisoning  
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? DATE OF.....

19. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) H.E. Gerwig M. D.  
, 19 (Address) Downing Mo

\*State the DISEASE CAUSING DEATH, or in deaths from violent CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Pleasant Hope Church  
Schuyler Mo DATE OF BURIAL Mar 31-42

20. UNDERTAKER W. E. Wagner ADDRESS Bloomfield  
J.E. #3557 Mo

RECEIVED

District Health Officer No. 10

District File Number 5-42-96 B

Date Filed MAY 12 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 15740

Registration District No. 816

Primary Registration District No. 6062

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH: Scotland Rural  
 (a) County \_\_\_\_\_  
 (b) City or town \_\_\_\_\_  
 (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 Lacy A Gray  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased June 10 1864 (Month) (Day) (Year)

8. AGE: Years 80 Months 9 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry of 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)  
 (c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_ (b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_ (Date received local registrar) (Registrar's signature)

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) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month mar year 1942 hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
 21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_; that I saw him \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.  
 Immediate cause of death \_\_\_\_\_

Due to Artemia poisoning following Chronic Nephritis  
 Due to \_\_\_\_\_  
 Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 1318

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
 While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature \_\_\_\_\_ (M. D. or other) \_\_\_\_\_  
 Address \_\_\_\_\_ Date signed \_\_\_\_\_

SUPPLEMENTARY

WRITE PLEASE

1942  
S-15740