

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

Do not use this space.

8698

**1. PLACE OF DEATH**

County Ray Registration District No. 347  
 Township White Oak Primary Registration District No. 5495  
 City Union Mills (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 47

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 90 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Arnilda Jayne Gray  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 28 1844  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
90 1 2  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House & Bone Bldg  
 10. Date deceased last worked at this occupation (month and year) 1898 11. Total time (years) spent in this occupation 65

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 30 1934  
 22. I HEREBY CERTIFY, That I attended deceased from Aug 9 1932 to March 30 1934  
 I last saw him alive on March 30 1934 Death is said to have occurred on the date stated above, at 7:00 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Senility  
 Date of onset \_\_\_\_\_  
 162  
 Other contributory causes of importance: \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri  
 13. NAME John Gray  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia  
 15. MAIDEN NAME Sallie Reed  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa. ?  
 17. INFORMANT R. E. Gray (ADDRESS) Union Mills  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Wright County DATE April 1 1934  
 19. UNDERTAKER H. P. Smith (ADDRESS) Union Mills  
 20. FILED 4-7 1934 J. B. Hampton Registrar.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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) J. J. McDonald, M. D.  
 (Address) Union Mills

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.

