

local reg.'s n0.108 MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

43351

Do not use this space.

FILED JAN 12 1944

1. PLACE OF DEATH

(a) County *Shelby Co*

Registration District No. *275*

(b) Township *Rolla*

Primary Registration District No. *3053*

Registered No. *43351*

(c) City *Rolla*

(d) Street No. *1*

St.

(e) Length of residence in city or town where death occurred

(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME

(a) Residence, No. *St James, Mo*

(Usual place of abode, if no street address, write county or city)

St. ☐

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

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

Margaret Gray

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

10-20-1858

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

85

-1

3

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

Müller

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)

Vichy Mo

FATHER

13. NAME

Samuel Gray

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

Peoria Mo

MOTHER

15. MAIDEN NAME

Elizabeth Bailey

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

Mo

17. INFORMANT (ADDRESS)

Peat Gray St James

18. BURIAL, CREMATION, OR REMOVAL

PLACE

St James

DATE

Nov 24 1943

19. FUNERAL DIRECTOR (ADDRESS)

Wickliffe St James

20. FILED

Dec 1 1943

Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *11-23*

19*43*

22. I HEREBY CERTIFY, That I attended deceased from *Nov 14*, 19*43* to *Nov 23*, 19*43*

I last saw him alive on *11-23, 1943* Death is said

to have occurred on the date stated above, at *9 a.m.*

The principal cause of death and related causes of importance were as follows:

Mitral regurgitation

Date of onset

Other contributory causes of importance:

old age and Mal nutrition

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

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?

If so, specify

(Signed)

Wm J. McFarland, M.D.

(Address)

(Licensed Embalmer's Statement on Reverse Side)

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.

50M-7-20-37 1 X12004

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.
Signed _____

Licensed Embalmer No. _____

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.)