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

Do not use this space.

1. PLACE OF DEATH
County Phelps — Registration District No. 677 — File No. 41815
Township — Primary Registration District No. 4403 — Registered No. 133
City Rolla (No. ..... St. ..... Ward)

JAN 2 1932

2. FULL NAME Gladine E. Montray
(a) Residence, No. ..... St. ..... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... 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 (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17-1909
7. AGE — YEARS 22 — MONTHS 6 — DAYS 12 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Dec 10-31
11. Total time (years) spent in this occupation 2 yr.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crawford Co Mo

FATHER
13. NAME H. S. Montray
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crawford Co Mo

MOTHER
15. MAIDEN NAME May Luck
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crawford Co Mo

17. INFORMANT (ADDRESS) H S Montray Steelville Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Montray Cem DATE 12-30 1931
19. UNDERTAKER (ADDRESS) Mills & Lickleider Rolla Mo
20. FILED Dec. 30 1931 Jos. F. Ayers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 29 1931
22. I HEREBY CERTIFY, That I attended deceased from her two days, 19.....
I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 7 45 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicitis	
1213 / 32 /	

Other contributory causes of importance:

Name of operation Appendectomy Date of 12/28/31
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? .....
If so, specify .....
(Signed) A. Sidney McFarland, M. D.
(Address) Rolla Mo

3.—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.