

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

Do not use this space.

33273

88

1. PLACE OF DEATH
 County Randolph Registration District No. 731
 Township Deers Creek Primary Registration District No. 5973
 City Valer St. _____ Ward _____

2. FULL NAME Herbil P. Gray (Fray)
 (a) Residence, No. _____ St. _____ Ward _____
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 20-1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 2 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 235

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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Co

FATHER 13. NAME Benjamin Brooker
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dane Knowl

MOTHER 15. MAIDEN NAME Martha Brooker
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dane Knowl

17. INFORMANT (ADDRESS) W. J. Gray
Valer Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Moanate Mo DATE Oct 27 32

19. UNDERTAKER (ADDRESS) Joe W. Hurston
Highway Mo

20. FILED Oct 31 1932 Mary J. Shives
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 25 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 24 1932 to Oct 25 1932
 I last saw him alive on Oct 25 1932 Death is said to have occurred on the date stated above, at 12 noon
 The principal cause of death and related causes of importance were as follows:
enterocolitis
1208 / 12-0
 Date of onset _____

Other contributory causes of importance: ①

Name of operation none 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? no 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) J. H. Wynn, M. D.
 (Address) Highway Mo

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.

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