

OCT 22 1936

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

Dr. S. Chasley

Do not use this space.

34853

1. PLACE OF DEATH

County LafayetteRegistration District No. 464Township MadisonPrimary Registration District No. 4277City Osceola Mo. (No.)

St. Ward)

2. FULL NAME William Powell Gray

(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 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male4. COLOR OR RACE white5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alice Gray6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-7-1888

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

471021

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mail Carrier9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Suburb10. Date deceased last worked at this occupation (month and year) July 193611. Total time (years) spent in this occupation 1412. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lafayette Co.

MOTHER FATHER

13. NAME William Gray14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky15. MAIDEN NAME Alice Mills16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland17. INFORMANT Alice Gray (ADDRESS) Osceola Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood Cemetery DATE 9/30 193619. UNDERTAKER Blinson & Sons (ADDRESS) Osceola Mo.20. FILED Sept 30, 1936 Mrs E. M. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 28, 193622. I HEREBY CERTIFY That I attended deceased from Sept 27, 1936 to Sept 28, 1936I last saw him alive on Sept 28, 1936 Death is saidto have occurred on the date stated above, at 9:30 a.m.

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

Embolism of coronary vessels of heart Date of onsetOther contributory causes of importance 942Rheumatic myocarditis due to infected teethName of operation Chimed Date of 20What test confirmed diagnosis Chimed Was there an autopsy? No

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? NoIf so, specify R. J. Chasley(Signed) R. J. Chasley M. D.(Address) Osceola Mo.

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.

