

MAY 21 1937

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

Do not use this space.

1. PLACE OF DEATH

49 County Jasper  
2 Township  
7 City Carthage (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward)

Registration District No. 408  
Primary Registration District No. 3020

File No. 16628

Registered No. \_\_\_\_\_

2. FULL NAME

(a) Residence, No. 302 N. Chestnut St. Ward. \_\_\_\_\_ (If nonresident, give city or town and State)  
(Usual place of abode)

Length of residence in city or town where death occurred 37 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 12, 1849

7. AGE YEARS 87 MONTHS 4 DAYS 1 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Minister  
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) Shilbysville (STATE OR COUNTRY) Kentucky

FATHER 13. NAME Hardy Gray

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

MOTHER 15. MAIDEN NAME Annella Fox

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

17. INFORMANT Miss Kate Gray (ADDRESS) 302 N. Chestnut - City

18. BURIAL, CREMATION, OR REMOVAL PLACE Cedar Cem. DATE Apr. 16, 1937

19. UNDERTAKER Knell Mortuary (ADDRESS) Carthage, Missouri

20. FILED Apr. 16, 1937 A. P. Collier Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 11, 1935, to Apr. 13, 1937

I last saw him alive on Apr. 13, 1937. Death is said to have occurred on the date stated above, at 11:30 <sup>noon</sup> m.

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

Senile dementia Date of onset Dec. 11, 37

Other contributory causes of importance:

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?

If so, specify R. A. Webster M. D.  
(Signed) Carthage Mo  
(Address)

This certificate is subject to the provisions of the Missouri State Board of Health Act, Chapter 208, R.S.Mo., and is not valid unless properly filed.

