

AUG 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County CapeTownship 1City Cape Girardeau (No. 2)Registration District No. 125Primary Registration District No. 3009File No. 26885Registered No. 236St. 1 Ward 12. FULL NAME Milo Jefferson Gray(a) Residence, No. 1 St. 1 Ward. Morehouse Mo.
(Usual place of abode)

(If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. M. J. Gray6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 5 18807. AGE YEARS 56 MONTHS 11 DAYS 29 IF LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) Polk Co. Ills. (STATE OR COUNTRY)13. NAME Warren Gray14. BIRTHPLACE (CITY OR TOWN) Illinois (STATE OR COUNTRY)15. MAIDEN NAME Nancy Ann Moyer16. BIRTHPLACE (CITY OR TOWN) Ills. (STATE OR COUNTRY)17. INFORMANT Mrs. M. J. Gray (ADDRESS) Morehouse Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Sikeston Mo. DATE 8/5/37 19.19. UNDERTAKER John Albritton (ADDRESS) Sikeston Mo.20. FILED 8-4-37 J. M. Thompson Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/4/37 193722. I HEREBY CERTIFY, That I attended deceased from May 29th 1937, to August 3rd 1937I last saw him alive on August 3rd 1937. Death is saidto have occurred on the date stated above, at 3:30 A.

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

Diabetes Mellitus Date of onset Jan. 1-1931Diabetic Gangrene 59 Date of onset Apr. 2-1937

Other contributory causes of importance:

Purulent Bronchitis June-37Name of operation Amputation left leg Date of 7-15-37What test confirmed diagnosis? Blood sugar 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 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 1Nature of injury 124. Was disease or injury in any way related to occupation of deceased? noIf so, specify no(Signed) R. A. Ritter M. D.(Address) Cape Girardeau, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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