

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

Do not use this space.

1. PLACE OF DEATH
 81 County Phelps Registration District No. 677 File No. 3756
 2 Township Primary Registration District No. 4403 Registered No. 17
 0 City Rolla (No.) St. Ward)

2. FULL NAME Infant not named Gray 600
 (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 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 single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-30-38

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
 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) Rolla (STATE OR COUNTRY) mo
 13. NAME A J Gray
 14. BIRTHPLACE (CITY OR TOWN) Edwards (STATE OR COUNTRY) mo
 15. MAIDEN NAME Edith Morrison
 16. BIRTHPLACE (CITY OR TOWN) Rolla (STATE OR COUNTRY) mo
 17. INFORMANT A J Gray (ADDRESS) St James mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Marion Cem DATE 2-1-38
 19. UNDERTAKER W E Kichler (ADDRESS) St James mo
 FILED Feb 1 1938 J. F. Ayers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 30 1938
 22. I HEREBY CERTIFY, That I attended deceased from Jan 29 1938 to Jan 30 1938
 I last saw him alive on Jan 30 1938. Death is said to have occurred on the date stated above, at 2:00 a m.

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

Premature birth

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? 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
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify
 (Signed) Charles G. Tucker, M. D.
 (Address) St James mo

RECEIVED

FEB 28 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

3756
Do not use this space.

PLACE OF DEATH

(a) County Phelps Registration District No.
(b) Township Primary Registration District No. Registered No.
(c) City Rolla (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Infant Gray St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) s

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or ... 30 min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19

Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-30 1938

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...

I last saw h... alive on 19... Death is said to have occurred on the date stated above, at... m.

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

premature birth
7 1/2 mo gestation
Other contributory causes of importance: 154-

Date of onset

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.

(Signed) Emilia Stricker, M. D.

(Address) St James, Mo.

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

TR OF
MVA

Through the Department of Health
(1) State No. (2) District No.
(3) County No. (4) City No.

PERSONAL AND STATISTICAL PARTICULARS

SEX COLOR OR RACE SINGLE MARRIED DIVORCED

EDUCATIONAL RECORD OR DEGREE
NUMBER OF

S-3757 1938

DATE OF BIRTH MONTH DAY AND YEAR
AGE YEAR MONTH

12. ETHNIC ORIGIN