REC'D FEB 11 1939

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

1442
Do not use this space.

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.

1. PLACE OF DEATH
(a) County Adair
Registration District No. 4
(b) Township
Primary Registration District No. 3001
Registered No. 13
(c) City Kirksville
(d) Street No. Grim Smith Hospital - Kirksville, Mo. 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 Willis Madison Gray.
(a) Residence, No. 409 S. Main Huntsville, Mo.
(Usual place of abode, if no street address, write county or city)
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) M.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ Sallie Elizabeth Gray.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 18 - 1857

7. AGE 81 YEARS MONTHS DAYS 30. If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Business Man
9. Industry or business in which work was done, as saw mill, bank, etc. Merchantile
10. Date deceased last worked at this occupation (month and year) 1926.
11. Total time (years) spent in this occupation 35 yrs.

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

FATHER
13. NAME John Gray. 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Thomas Hill (Randolph Co.) Mo. 0

MOTHER
15. MAIDEN NAME Betty Dameron 0
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) B. Thomas Hill Randolph Co. Mo.

17. INFORMANT (ADDRESS) (Daw: Mrs. C. D. Vasse, Jr. 5 Ob Burnham St., Columbia, Mo.)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Huntsville Cem DATE Jan. 19 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) R. L. Patton. Huntsville, Mo.

20. FILED Jan 18, 1939 Spencer L. Freeman
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-17-39, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1939, to Jan 17, 1939
I last saw him alive on Jan 17, 1939. Death is said to have occurred on the date stated above, at 10:10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Prosta~~ Anuria following prostatectomy	1-14-39
Prostatic obstruction	about 3 yrs.
137	
Other contributory causes of importance:	
Myocardial failure terminal	1-17-39

Name of operation Transurethral prostatectomy Date of 1-14-39
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? No
If so, specify
(Signed) George E. Grim, M. D.
(Address) Kirksville, Missouri

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-39-7
Date Filed FEB 8 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...
Tom B. Patton, or by .....
Registered Apprentice No. 3914, working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.