

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

Do not use this space.

(AUG 14 1939)

26398

File No. _____
 Registered No. _____
 St. _____ Ward _____

1. PLACE OF DEATH

County Hodaway Registration District No. 627
 Township _____ Primary Registration District No. 4377
 City Pickering (No. _____)

2. FULL NAME

John Franklin 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 2 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 6 1846

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
92 92 11 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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) (STATE OR COUNTRY) W. West of Pickering Missouri

13. NAME John Gray

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

15. MAIDEN NAME Martha Ashley

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

17. INFORMANT (ADDRESS) L. Gray Pickering Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Cab Hill DATE July 22 1939

19. UNDERTAKER (ADDRESS) Campbell Funeral Home M. Danville Mo.

20. FILED July 24 1939 Wm. D. Hackett Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 1937, to July 19, 1939

I last saw him alive on Spring, 1939. Death is said to have occurred on the date stated above, at 4:45 P.M.

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

senile Debility Date of onset years

Other contributory causes of importance: None

Name of operation None Date of _____
 What test confirmed diagnosis? Clinical 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) Eugene L. Croswell, M. D.

(Address) Pickering Mo.

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

RECEIVED

District Health Officer No. 11;

District File Number 8-39-1051

Date Filed AUG 11 1939