

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.

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

33018

Do not use this space.

## 1. PLACE OF DEATH

(a) County Monterey  
 (b) Township Waller  
 (c) City California

Registration District No. 571  
 Primary Registration District No. 4335

Registered No. 47

(e) Length of residence in city or town where death occurred

(If death occurred in Hospital or Institution, write its name instead of street and number)  
 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. 6671 Lashley Monroe Gray M.D. St. ☐ (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lorenc Stephens Gray</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 8, 1858</u>		
7. AGE YEARS <u>81</u>	MONTHS <u>1</u>	DAYS <u>8</u>
If LESS than 1 day, ..... hrs. or ..... min.		
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Doct'n</u>		
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) California  
 (STATE OR COUNTRY) Missouri

13. NAME John P. H. Gray  
 14. BIRTHPLACE (CITY OR TOWN) Va.  
 (STATE OR COUNTRY)

15. MAIDEN NAME Hester Wood  
 16. BIRTHPLACE (CITY OR TOWN) Missouri  
 (STATE OR COUNTRY)

17. INFORMANT A. E. Mueller  
 (ADDRESS) California

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Masonic Cemetery DATE 9-18 1939

19. FUNERAL DIRECTOR (NAME) Wilson & Son  
 (ADDRESS) California

20. FILED 9-20-1939 H. R. Popejoy  
 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sep. 16 1939

22. I HEREBY CERTIFY, That I attended deceased from Sep. 10 1939 to Sep. 16 1939

I last saw him alive on Sep. 10 1939 Death is said to have occurred on the date stated above, at 3:30 p.m.  
 The principal cause of death and related causes of importance were as follows:

Arteriosclerosis, Emphysema  
 Date of onset 9/16

Other contributory causes of importance:  
Angina Pectoris  
Cardiomegaly

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) J. P. Banks, Jr. M.D.  
 (Address) California

(Licensed Embalmer's Statement on Reverse Side)

**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, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*A. E. Wilson*

Licensed Embalmer No.

*2351*

P. O. Address

*California, Mo.*

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

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