

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**

Do not use this space.

33801

1. PLACE OF DEATH

County Washington Registration District No. 889 File No.
 Township Richwoods Primary Registration District No. 6185 Registered No.
 City Richwoods (No.) St. Ward) (No.) Ward)

2. FULL NAME

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
 (Usual place of abode)

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) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-7, 1939

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

22. I HEREBY CERTIFY That I attended deceased from never treated him, 19.... to

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-4-1884

I last saw h..... alive on..... 19..... Death is said

7. AGE YEARS 55 MONTHS DAYS 3 If LESS than 1 day, hrs. or min.

to have occurred on the date stated above, at 12 P. m.
 The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Self minor
 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.....

Do not know related to death from natural cause

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salem Mo

Other contributory causes of importance: 99%

13. NAME unknown

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 0

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury..... 19.....

15. MAIDEN NAME unknown

Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 0

Manner of injury.....
 Nature of injury.....

17. INFORMANT Bonnie White

24. Was disease or injury in any way related to occupation of deceased?.....
 If so, specify.....

18. BURIAL, CREMATION OR REMOVAL PLACE Richwoods DATE 9-8 1939

(Signed) O. W. Parker, M. D.

19. UNDERTAKER (ADDRESS) Rayner King Richwoods

(Address) Richwoods

20. FILED 9-8 1939 O. W. Parker Registrar.

