

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

Do not use this space.

JAN 9 1935

1. PLACE OF DEATH

89 County Ray Co Registration District No. 743 File No. 44114
 Township Orick Primary Registration District No. 6257 Registered No. 20
 City Near Orick (No. 5970 St. _____ Ward _____)

2. FULL NAME

Daniel H. Gryder
 (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 (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10/15/1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
59 2 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) Ray Co. Mo

13. NAME William Gryder

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

15. MAIDEN NAME Martha Tucker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co Mo

17. INFORMANT Herman Gryder (ADDRESS) Orick Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Cem DATE 12/25 34

19. UNDERTAKER C. V. Glespe (ADDRESS) Orick Mo

20. FILED 1/10 1935 G. Pate Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/23, 1934

22. I HEREBY CERTIFY, That I attended deceased from 12/23, 1934, to 12/23, 1934.
 I last saw him alive on 12/23, 1934. Death is said to have occurred on the date stated above, at 12:45 P.M.
 The principal cause of death and related causes of importance were as follows:

Patient was dead when I arrived on the scene. Family states he was standing talking when he suddenly fell, gasping for breath about 5 min. before expiring.
 Other contributory causes of importance:
History: Of Hypertension.

Name of operation _____ Date of _____
 What test confirmed diagnosis None 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) G. Pate, M. D.
 (Address) Orick, Mo.

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.

