

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

Do not use this space.

37926

**1. PLACE OF DEATH**

County.....*Ray*.....  
Towship.....*Richmond*.....  
City.....*Rayville*..... (No. ....)

Registration District No. ....*M.H.H.*.....  
Primary Registration District No. ....*59-96 B*.....

File No. ....  
Registered No. ....*94*.....  
St. .... Ward)

**2. FULL NAME**..... *Gladys W. Narramore*.....

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

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

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

*Female* | *White* | *Single*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *12/17/1906*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<i>22</i>	<i>10</i>	<i>26</i>		

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work.....   
(b) General nature of industry, business, or establishment in which employed (or employer).....   
(c) Name of employer.....

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

10. NAME OF FATHER *C. Watt Narramore*

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....  
(STATE OR COUNTRY) *Ray Co Mo.*

12. MAIDEN NAME OF MOTHER *Ida Owens*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....  
(STATE OR COUNTRY) *Ray Co Mo.*

14. INFORMANT *Mrs. C. W. Narramore*  
(Address) *Rayville Mo.*

15. FILED *Nov 22, 28* *R. L. Kountze*  
19. *28* REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Nov 12/28* 19

17. I, HEREBY CERTIFY, That I attended deceased from *Oct. 30*, 19*28*, to *Nov 12*, 19*28*, that I last saw *h. e. r.* alive on *Nov 12*, 19*28*, and that death occurred, on the date stated above, at *11:25* *P.* m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

*Pulmonary Tuberculosis*  
*23A*

CONTRIBUTORY (SECONDARY) *31* (duration) *4* yrs. .... mos. .... da.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? *No.* DATE OF.....  
WAS THERE AN AUTOPSY? *No*  
WHAT TEST CONFIRMED DIAGNOSIS? *P. B. Burns*  
*G. A. Lang*, M. D.  
(Signed) *Nov 12, 1928* (Address) *Rayville, Mo.*

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Crowley Cem.* DATE OF BURIAL *11/14/28*

20. UNDERTAKER *M. J. Mansour* ADDRESS *Richmond*

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.

