WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

Do not use this space.

19494

File No. 5177

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City ..... (No. Mo. Dept. Serv St. ..... Ward)

2. FULL NAME Geo. Gray

(a) Residence. No. 2554 Benton St., 20 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Gray

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 5 1853

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	73	9	26	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Cabinet

(b) General nature of industry, business, or establishment in which employed (or employer) maker

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

PARENTS

10. NAME OF FATHER Geo Gray

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) ~~Geo Gray~~

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Unknown

14. INFORMANT Geo Gray
(Address) 2554 Benton St

15. FILED JUN -3 1927 Mark Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 1 1927

17. I HEREBY CERTIFY, That I attended deceased from May 27, 1927, to June 1, 1927, that I last saw him alive on June 1, 1927, and that death occurred, on the date stated above, at 6:15 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Infected foot followed by Lymphangitis with gangrene of foot (right) (duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY) Myocarditis Acute (duration) yrs. mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH 2554 Benton St

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical

(Signed) [illegible], M. D

6/3, 1927 (Address) County Club Bldg

*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 Calvary — DATE OF BURIAL 6-4 1927

20. UNDERTAKER Meek & Dickmann — ADDRESS 3039 Easton

Les Juens
1-2