

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

Do not use this space.

26443^u

1. PLACE OF DEATH
 County Denton Registration District No. 60
 Township West Mt Primary Registration District No. 5290
 City Joseph (No. 14) St. Mo Ward 3

2. FULL NAME Joseph P. Gray
 (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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 15 - 1853

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
74 6 25

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

9. BIRTHPLACE (CITY OR TOWN) Pellevin Ohio
 (STATE OR COUNTRY)

10. NAME OF FATHER Joseph Gray
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) K. Mo
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Vanity Campbell
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Del
 (STATE OR COUNTRY)

14. INFORMANT Mr. Walter Chustan
 (Address) Windsor, Mo

15. FILED Oct 14 1927 E. L. Rhodes
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 10 1927
 17. I HEREBY CERTIFY, That I attended deceased from Sept 27 1927, to Sept 10 1927, that I last saw him alive on Sept 10 1927, and that death occurred, on the date stated above, at in .

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral apoplexy
8251
71401
 CONTRIBUTORY (SECONDARY)
 (duration) yrs. mos. ds.

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

(1) DID AN OPERATION PRECEDE DEATH? No DATE OF
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS? Cerebral
 (Signed) Joseph A. Hester, M. D.
 (Address) Windsor, 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 Windsor Mo DATE OF BURIAL Sept 11 1927

20. UNDERTAKER W. E. Hester Windsor Mo
 ADDRESS

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.

