

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

Do not use this space.

27553

1. PLACE OF DEATH  
 County Madison Registration District No. 411 File No. 27553  
 Township Madison Precinct Registration District No. 2002 Registered No. 443  
 City Jefferson (No. Jefferson Mo. St. 443 Ward)

2. FULL NAME Clay McGray  
 (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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

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

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna McGray

6. DATE OF BIRTH (MONTH, DAY AND YEAR) about 1882

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
about 45 — — —

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

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

10. NAME OF FATHER M. E. McGray

11. BIRTHPLACE OF FATHER (CITY OR TOWN) No record  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER No record

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) No record  
 (STATE OR COUNTRY)

INFORMANT D. J. Gillies  
 (Address) Burns Hall St.

15. FILED 4-14, 1927 Person Clark  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-18-1927

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 1927, that I last saw him alive on Sept 13, 1927, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
strychnine poisoning - from  
an accidental overdose  
self administered -  
1790E (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) 177 (duration) yrs. mos. da.

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

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) R. M. Summit, M. D.  
9/13, 1927 (Address) Whitely, Cooney

\*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 Bethel Place Cem DATE OF BURIAL 9-16-1927

20. UNDERTAKER Wulfsberg & Co ADDRESS Jefferson Mo

N. B.—Every item of information should be carefully supplied. AGE should be edited EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

