

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.

EP 2 7 1928  
 J. E. Morris

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

Do not use this space.

28138

1. PLACE OF DEATH  
 County Putnam Registration District No. 668  
 Township Sedalia Primary Registration District No. 3032  
 City Sedalia (No. ....) St. .... Ward)

2. FULL NAME Robt Grey  
 (a) Residence, No. 216 W Morgan St. Ward. ....  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred 12 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 Cauc  
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rodie Grey

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Exact date not known  
 7. AGE YEARS MONTHS DAYS If LESS than 1 hr. or min.  
about 60

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

9. BIRTHPLACE (CITY OR TOWN) California  
 (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Albert Grey  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dont  
 (STATE OR COUNTRY) Missouri  
 12. MAIDEN NAME OF MOTHER Dont know  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dont know  
 (STATE OR COUNTRY)

14. INFORMANT Willie Grey  
 (Address) 216 W Morgan

15. FILED 7-29-28 REGISTRAR J. E. Love

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8/24 1928  
 17. I HEREBY CERTIFY, That I attended deceased from Aug 11 1928, to Aug 24 1928  
 that I last saw him alive on Aug 23 1928, and that death occurred, on the date stated above, at 3:30 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Dent & gangrene  
non-amedia  
13C  
 (duration) yrs. mos. da. 14

CONTRIBUTORY (SECONDARY) None  
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.....  
 0 DID AN OPERATION PRECEDE DEATH? no DATE OF no  
 WAS THERE AN AUTOPSY?.....  
 WHAT TEST CONFIRMED DIAGNOSIS? Chemical  
 (Signed) Alfred S. Howard, M. D.  
Aug 25, 1928 (Address) 1114 Y Sedalia 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 Sedalia Mo DATE OF BURIAL 8/26 1928

20. UNDERTAKER W. R. Augsten Bro ADDRESS Sedalia

MAY 1 1945