

P 27 1928

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

Do not use this space.

1. PLACE OF DEATH

County Scott  
Township Russland  
City Sikeston (No. ....)

Registration District No. 87  
Primary Registration District No. 6670

File No. 7329427  
Registered No. ....  
St. .... Ward)

2. FULL NAME

Milo 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) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 19 1913

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
15 1 20

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER John Gray

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER May Hunt

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

14. INFORMANT Joseph Gray  
(Address) Sikeston

15. FILED 9/10/28 1928 M. D. Clark  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 29 1928

17. I HEREBY CERTIFY That I attended deceased from July 2 1928 to Aug 28 1928 that I last saw him alive on Aug 28 1928 and that death occurred, on the date stated above, at 4:30 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Typhoid fever

CONTRIBUTORY (SECONDARY) NO

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

8 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. J. Greer, M. D.  
9/29 1928 (Address) Sikeston 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 Memorial Park DATE OF BURIAL 9/30 1928

20. UNDERTAKER W. M. Clark ADDRESS Sikeston Mo

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.

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