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

Do not use this space.

39804 – a

1. PLACE OF DEATH

County: Cass — Registration District No.: 154 — File No.:

Township: Index — Primary Registration District No.: 3218 — Registered No.:

City: (No. ..... St. ..... Ward)

2. FULL NAME Francis C Gray

(a) Residence. No. ..... St., ... Ward. (If nonresident give city or town and State)
(Usual place of abode)

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): Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 31 1844

7. AGE: Years 83 — Months 11 — Days 21 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): West Virginia

PARENTS

10. NAME OF FATHER: Robert Gray
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): West Virginia
12. MAIDEN NAME OF MOTHER: Roda Falkner
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): West Virginia

14. INFORMANT: Albert Gray
(Address): LaTour Mo

15. FILED: Dec 31, 1929 Frank B Ellis, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 21 1928

17. I HEREBY CERTIFY: That I attended deceased from Dec 15th, 1928, to Dec 21st, 1928, that I last saw him alive on Dec 21st, 1928, and that death occurred, on the date stated above, at 6:40 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenza
11B
132B (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Albumen Urea (duration) ..... yrs. ..... mos. ..... ds.

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) J T Shiffer, M.D.
1/1, 1929 (Address) LaTour 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: Sunn City — DATE OF BURIAL: 12/23 1928

20. UNDERTAKER: A. D. Hartzler — ADDRESS: East Lynne

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.