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.

APR 24 1929

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

Do not use this space.

9904

1. PLACE OF DEATH

County Cedar — Registration District No. 163 — File No.

Township — Primary Registration District No. 4095 — Registered No. 15

City El Dorado Springs (No. ..... St. ..... Ward)

2. FULL NAME Robert Boyd 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~~ Lula Gray

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 16 - 1864

7. AGE: Years 64 | Months 9 | Days | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

2 & 2

9. BIRTHPLACE (CITY OR TOWN) Little Rock
(STATE OR COUNTRY) Ark

2

PARENTS

10. NAME OF FATHER John Gray

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

2

12. MAIDEN NAME OF MOTHER Rachel Medlock

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

2

14. INFORMANT Mrs. Lula Gray
(Address) El Dorado Springs, Mo

15. FILED 3-17-1929 J W Dawson REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 16 1929

17. I HEREBY CERTIFY, That I attended deceased from Mar 15th, 1929, to 3/16, 1929 that I last saw him alive on Mar 16, 1929, and that death occurred, on the date stated above, at 5 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: apoplex Cerebral

13 [illegible]

32 A

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Nephritis

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 129 B

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

3-17-, 1929 (Signed) L T Dunaway M.D.
(Address) El Dorado Spgs

*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. No

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Clintonville Cem. — DATE OF BURIAL: Mar 18 1929

20. UNDERTAKER: J. C. Nafus — ADDRESS: El Dorado Spgs