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

Do not use this space. 18262

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 2307
Township Kaw — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. 2637 Brooklyn St. 11th Ward)

2. FULL NAME Mary J. Gray
(a) Residence. No. 2637 Brooklyn St. 11th Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 12. 1868

7. AGE: Years 61 — Months 4 — Days 7 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) Eldon
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Benjamin Roark
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Rachel Gilleland
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

14. INFORMANT W. T. Roark
(Address) 2637 Brooklyn

15. FILED 5/19 1929 M. M. Crowe REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 19 1929

17. I HEREBY CERTIFY, That I attended deceased from Apr 6, 1929, to May 18, 1929, that I last saw her alive on Apr 18, 1929, and that death occurred, on the date stated above, at 12 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberculosis, (joints)
21B
132B
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) uremia
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. A. McLaughlin M.D.
5/19, 1929 (Address) 621 E 39 St

*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: Barnett Mo. — DATE OF BURIAL: 5/21 1929

20. UNDERTAKER: Julian K. Davidson — ADDRESS: Kans City Mo

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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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