JUL 25 1929

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

Do not use this space.

21189

1. PLACE OF DEATH

County Greene — Registration District No. 318 — File No. 440

Township — Primary Registration District No. 2001 — Registered No.

City Springfield (No. 726 N Clay St. Ward)

2. FULL NAME Le-Roy Gray

(a) Residence. No. 726-N Clay St. (Usual place of abode) Ward. (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: Negro

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May-4-1883

7. AGE: Years 46 — Months 1 — Days 0 — If LESS than 1 day, ... hrs. or ..... min.

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):

(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN) Greene County (STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER: Gilbert Gray

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Greene Co (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER: Francis St.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Greene Co (STATE OR COUNTRY) Missouri

14. INFORMANT: Mrs. Mer Gray (Address) 726-North Clay St

15. FILED 6-8, 1929 Lou Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) June 4th 1929

17. I HEREBY CERTIFY, That I attended deceased from May 5th, 1929, to June 4th, 1929, that I last saw him alive on June 4th, 1929, and that death occurred, on the date stated above, at 3 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Interstitial Nephritis

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93D

(duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) Myocarditis

(duration) — yrs. 6 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? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) [signature], M.D.

6-7, 1929 (Address) 325½ Boonville ave.

*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: Lincoln Memorial — DATE OF BURIAL: June-8-1929

20. UNDERTAKER: Herbert V Smith — ADDRESS: 603-N Jefferson

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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