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

Do not use this space.
39898

1. PLACE OF DEATH
County Callaway Registration District No. 104 File No.
Township Primary Registration District No. 3008 Registered No. 270
City Fulton No. St. Ward)

2. FULL NAME Joseph Gray
(a) Residence. No. Mexico Mo 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. 4 mos. 11 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	Negro	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF — No information

6. DATE OF BIRTH (MONTH, DAY AND YEAR) No information

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	76	—	—	

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)
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER No information
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) No information
12. MAIDEN NAME OF MOTHER No information
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) No information

14. INFORMANT State Hospital Records
(Address) Fulton Mo

15. FILED Dec. 25, 1929 R. N. Crews
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec - 24 - 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec - 20 -, 1929, to Dec - 24 -, 1929 that I last saw him alive on Dec - 23 -, 1929, and that death occurred, on the date stated above, at 2:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
General Paralysis of the Insane (Syphilis)
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Cancer of Mouth
(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? No
WHAT TEST CONFIRMED DIAGNOSIS? Serologic Blood
(Signed) T. R. Frazer, M. D.
12/24, 1929 (Address) Fulton State Hospital

*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: South Side Cemetery — DATE OF BURIAL: Dec. 25 - 1929
20. UNDERTAKER: Ole Bell — ADDRESS: Fulton, 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.

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