

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

Do not use this space.

8994

1. PLACE OF DEATH

County Jackson Registration District No. 335 File No. _____
 Township Law Primary Registration District No. 12 Registered No. 1376
 City Hampton City (No. 1317 West 24th Street) St. 1376 (Ward)

2. FULL NAME

(a) Residence. No. 1317 St. 24th St. 4 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 M. 4. COLOR OR RACE Colored. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 6 1908

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
21 6 19

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Chauffeur
 (b) General nature of industry, business, or establishment in which employed (or employer). _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Illinois
 (STATE OR COUNTRY)

10. NAME OF FATHER J. M. Gray

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

12. MAIDEN NAME OF MOTHER Luzie Jones

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

14. INFORMANT J. M. Gray
 (Address) 1317 St. 24th

15. FILED 3/28 1930 M. M. Croome REGISTRAR
am

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/15 1930

17. I HEREBY CERTIFY That I attended deceased from March 14 1930 to March 15 1930 that I last saw him alive on March 14 1930 and that death occurred, on the date stated above, at 1:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Paracarditis
90B
106A (duration) yrs. mos. 14 ds.

CONTRIBUTORY (SECONDARY) Acute Bronchitis
 (duration) yrs. mos. 14 ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH 1749 So 38th Kck

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical
 (Signed) W. B. Bishop, M. D.
3/17 1930 (Address) Route 3 Kck

*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 DATE OF BURIAL

Hattawee 3/28 1930

20. UNDERTAKER Hatkin Bros ADDRESS 1709 Lyda

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.

REMAIN RESERVED FOR FUTURE USE

R. B. Bishop.