JUN 24 1930

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

Do not use this space.

15417

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 641

City St. Joseph, (No. 2710 South 23rd. St. Ward)

2. FULL NAME Frederick Francis Gray,

(a) Residence. No. 2710 South 23rd. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) February 4, 1861

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ...hrs. or ...min.
	69	3	25	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Unknown, (STATE OR COUNTRY) New York,

PARENTS

10. NAME OF FATHER Thomas M. Gray

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown, (STATE OR COUNTRY) Ireland,

12. MAIDEN NAME OF MOTHER Mary Noe,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown, (STATE OR COUNTRY) New York,

14. INFORMANT Mrs. Frances E. Gray (Address) 2710 South 23rd. Street.

15. FILED MAY 31 1930 19 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) May 29 1930

17. I HEREBY CERTIFY, That I attended deceased from 5/25, 1930, to 5/29, 1930 that I last saw him alive on 5/28, 1930, and that death occurred, on the date stated above, at 7:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage

82A

97 (duration) yrs. mos. 13 ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis

(duration) 5 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical findings

(Signed) T O Pierce M.D.

May 29, 1930 (Address) St Joseph Mo

*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
Ashland Cemetery	June 3, 1930
20. UNDERTAKER	ADDRESS
Heaton-Bergole & Bowman Funeral Home	319 S. 10 St.

6-1782