

SEP 25 1930

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

Do not use this space.

1. PLACE OF DEATH

County Boone
Township Adair
City Booneville (No.)

Registration District No. 460
Primary Registration District No. 5233-B

File No. 27172
Registered No. 72
St. Ward)

2. FULL NAME

Josephine D. Gray
(a) Residence. No. St., Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12-19-1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 | 7 | 27

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

9. BIRTHPLACE (CITY OR TOWN) Boone Co
(STATE OR COUNTRY) Kentucky

10. NAME OF FATHER Melvin Godman

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

12. MAIDEN NAME OF MOTHER Mary March

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

14. INFORMANT H. H. ...
(Address) Higginsville Mo.

15. FILED 8-11 1930 Beacie P. Bates
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-9 1930

17. I HEREBY CERTIFY, That I attended deceased from 8:55 a.m. to 9:30 1930, that I last saw him alive on Aug 9 1930, and that death occurred, on the date stated above, at 8:55 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
cerebral hemorrhage
vs A
77

CONTRIBUTORY (SECONDARY) Atherosclerosis
(duration) 0 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 7401
IF NOT AT PLACE OF BIRTH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS.
(Signed) J. D. ... M. D.
19 Higginsville 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 Confidential Home DATE OF BURIAL and Sep 19 30

20. UNDERTAKER Walter Higginsville Mo.
ADDRESS

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.

RECORD THIS IS A PERMANENT RECORD

