NOV 21 1930

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No. 32187

Township — Primary Registration District No. 1001 — Registered No. 1170

City St. Joseph. (No. Mo. Methodist Hosp. St. Ward)

2. FULL NAME Roscoe Charles McCray.

(a) Residence. No. So. 11th St. Road. 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. mos. 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	White	Married.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 19, 1890.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	40	4	9	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Sta. Engineer

(b) General nature of industry, business, or establishment in which employed (or employer) Union Terminal Co.

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Agency, Mo. (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Eldredge McCray

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Frazier, Mo. (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Macy Thompson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Agency, Mo. (STATE OR COUNTRY)

14. INFORMANT Roy McCray St. Joseph, Mo. (Address)

15. FILED OCT 29 1930, 19 John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 28 - 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 23, 1930, to Oct 28, 1930, that I last saw him alive on Oct 28, 1930, and that death occurred, on the date stated above, at 11 15 am.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchial Pneumonia

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107 A

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Burns after Ammonia Gas Explosion

(duration) yrs. mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy & Clinical

(Signed) Gustav A Lau, M. D.

10/29, 1930 (Address) Kirkpatrick Bldg

*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 Agency Cemetery. — DATE OF BURIAL Oct. 30, 1930.

20. UNDERTAKER Fred D. Clark — ADDRESS 5025 K. H. Av.

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.

requested to make every effort to obtain the following information
cated by check marks, lacking from the death certificate:

Name: Roscoe Charles McCray

Who died at: St. Joseph, Mo. on Oct. 28, 1930,

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or
town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years ____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

CAUSE OF DEATH: Bronchial Pneumonia

Contributory: Burns after Ammonia Gas Explosion There was no fire burns were from the ammonia - building did not burn

Where was disease contracted? _____

Did operation precede death? _____ Date of _____

Was there an autopsy? _____ What test confirmed diagnosis? _____

Name of physician: _____

Address of physician: _____

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