

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

41874

1. PLACE OF DEATH

County St. LouisRegistration District No. 903Township SmithPrimary Registration District No. 6211City St. Louis (No. 27)File No. 27Registered No. 27

St.

Ward

2. FULL NAME Nancy Ann Gray(a) Residence. No. 1

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. - mos. - ds.

How long in U. S., if of foreign birth? yrs. - mos. - ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M4. COLOR OR RACE W5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Byron Gray6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 31, 1850

7. AGE

YEARS 80MONTHS 3DAYS 23

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Waverlet(STATE OR COUNTRY) Iowa10. NAME OF FATHER James Brewer11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Margaret Jackson13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown

(STATE OR COUNTRY)

14.

INFORMANT Mrs. Andrew M. C. Brown(Address) Grant City, Mo.

15.

FILED 1/10, 1931John Anderson

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 24 1930

17.

I HEREBY CERTIFY, That I attended deceased from Nov 30 to Dec 24, 1930that I last saw him alive on Dec 24, 1930, and that death occurred, on the date stated above, at 11:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Heart

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH ✓DID AN OPERATION PRECEDE DEATH? ✓ DATE OF ✓WAS THERE AN AUTOPSY? ✓WHAT TEST CONFIRMED DIAGNOSIS? Physician's report(Signed) D. J. Hest, M. D.1930 (Address) Grant City, 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

Kirk Cemetery12/27 1930

20. UNDERTAKER

ADDRESS

Arch. C. DumbleGrant City, Mo.

