

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

Do not use this space.

17911

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township

Primary Registration District No. 1002

City Kansas City

(No. 110 N. Kensington)

File No. 2049

Registered No. 2049

St. _____ Ward _____

2. FULL NAME Olive Celina Gray

(a) Residence. No. 1945 N. 32 KCK. 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. 1 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6/18/1849

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
81 10 14

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Housewife 235
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer Self

9. BIRTHPLACE (CITY OR TOWN) Muscatine 2
(STATE OR COUNTRY) Iowa

PARENTS
10. NAME OF FATHER Charles C. Gray
11. BIRTHPLACE OF FATHER (CITY OR TOWN) unknown 31
(STATE OR COUNTRY) unknown
12. MAIDEN NAME OF MOTHER Jane Walker
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown
(STATE OR COUNTRY) unknown

14. INFORMANT M. H. Gray
(Address) 110 N. Kensington

15. FILED 5/4 1931 M.M. Crowe
REGISTRAR Asak

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 27 1931

17. I HEREBY CERTIFY, That I attended deceased from July 1st 1930 to May 27 1931 (that I last saw him alive on May 17 1931, and that death occurred, on the date stated above, at 6 am.)

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arterio Sclerosis, Myocarditis (Chronic)

93C
82D (duration) 2 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Paraplegia 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED? Kansas City Kansas

IF NOT AT PLACE OF DEATH, DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Observation
(Signed) Geo M Gray, M. D.

73 . 1931 (Address) Kansas City Kansas

*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 Quindaro KCK. DATE OF BURIAL 5/4 1931

20. UNDERTAKER Geo. H. Long ADDRESS K.C.K.

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.

