

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.

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

Do not use this space.

28367

1. PLACE OF DEATH

County Garrison Registration District No. 399  
Township Raw Primary Registration District No. 2002  
City Kansas City (No. 2002) St. General Hosp Ward

File No. 3405  
Registered No. 3405

2. FULL NAME

Elizabeth Gray  
(a) Residence, No. 123301 1/2 Street St.          Ward.           
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 31, 1881</u>		
7. AGE	YEARS	MONTHS
	<u>49</u>	<u>11</u>
		DAYS
		<u>16</u>
		IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>		
MOTHER	13. NAME <u>Edmond Gray</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>	
	15. MAIDEN NAME <u>Margaret Maresca</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>		
17. INFORMANT (ADDRESS) <u>Dr. W. C. Clark</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	<u>Cremation</u>	DATE <u>Aug. 18, 1931</u>
19. UNDERTAKER (ADDRESS) <u>D. H. Newcomer's Sons</u>		
<u>Kansas City, Mo.</u>		
20. FILED <u>8-17-1931</u> <u>M. J. M. Crowe</u> Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-16, 1931

22. I HEREBY CERTIFY, That I attended deceased from 8-14, 1931, to 8-16, 1931

I last saw her alive on 8-16, 1931. Death is said to have occurred on the date stated above, at 5:25 P.

The principal cause of death and related causes of importance were as follows:

Paralytic ileus Date of onset

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Other contributory causes of importance:  
Chronic Nephritis  
Intestinal adhesions

Name of operation Op. on appendix Date of 8-16-31

What test confirmed diagnosis? Op. on appendix Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?          Date of injury         , 19          
Where did injury occur?          (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury           
Nature of injury         

24. Was disease or injury in any way related to occupation of deceased?           
If so, specify         

(Signed) J. H. Gurnea, M. D.  
(Address) 1st St. Gen. Hosp.

