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 be careful to state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is

MAY 26 1932

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

Do not use this space.

13284

File No.
Registered No. 18

1. PLACE OF DEATH
County Miss 67
Township Wolf Island
City (No. St. Ward)
Registration District No. 567
Primary Registration District No. 5767

2. FULL NAME Thomas Jim Gray
(a) Residence, No. 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 M.
4. COLOR OR RACE Black
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 31st 1931
7. AGE YEARS — MONTHS 7 — DAYS 26 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Wolf Island Miss. Mo.

FATHER
13. NAME Thom. Gray
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wolf Island Mo.

MOTHER
15. MAIDEN NAME Willie Hudson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miller Miss. Mo.

17. INFORMANT John Gray Int. (ADDRESS) Wolf Island Mo. Uncle
18. BURIAL, CREMATION, OR REMOVAL PLACE Christ Mo. DATE April 27 1932
19. UNDERTAKER Privat (ADDRESS)
20. FILED 4-27 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 26 1932
22. I HEREBY CERTIFY, That I attended deceased from Hard M. Doctor, 19.., to Doctor, 19..
I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:
From Informant Diphtheria to Throat Legal from Croup 1 Date of onset Unk 2 Days
Other contributory causes of importance:
Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy? No
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) [illegible], M. D.
(Address) [illegible] Mo.