

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

Do not use this space.

**1. PLACE OF DEATH**

County Rudawan Registration District No. 85 File No. 31479  
 Township St Joseph Primary Registration District No. 1901 Registered No. 1901  
 City St Joseph (No. Mo) Methodist Hospital Ward

**2. FULL NAME**

George Gray  
 (a) Residence, No. County Farm 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widowed</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>July 5 - 1896</u>		
7. AGE <u>37</u>	YEARS <u>3</u>	MONTHS <u>7</u>
8. OCCUPATION OF DECEASED		IF LESS than 1 day, _____ hrs. or _____ min.
(a) Trade, profession, or particular kind of work <u>None</u>		
(b) General nature of industry, business, or establishment in which employed (or employer) <u>None</u>		
(c) Name of employer <u>None</u>		
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
10. NAME OF FATHER <u>Unknown</u>		
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
12. MAIDEN NAME OF MOTHER <u>Unknown</u>		
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		

14. INFORMANT (Address) Hospital Records St Joseph Mo

15. FILED Oct 8, 1932 John R. Bender REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 7th 1932

17. I HEREBY CERTIFY, That I attended deceased from 4:11 to 8:11 that I last saw him... alive on Oct 6, 1932, and that death occurred, on the date stated above, at St. Joseph.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Casuumonia of Pneumonia

HBF 4-6

CONTRIBUTORY (SECONDARY) (1)

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  
 (Signed) J. W. Slaney, M. D.  
 , 19 (Address) 1262 St Joseph Ave

\*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 City Cemetery DATE OF BURIAL Oct 8th 1932

20. UNDERTAKER Ramsay Funeral Service ADDRESS 7th Olive

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.

NOV 9 1932

