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.

1. PLACE OF DEATH
14 County Callaway — Registration District No. 104 — File No. 31605
Township McCredie — Primary Registration District No. 5151 — Registered No. 195
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Noah Grays
(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 Male
4. COLOR OR RACE Negro
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) July 29, 1932
7. AGE YEARS — MONTHS 2 — DAYS 12 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child.
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) McCredie, Mo.

FATHER
13. NAME Hallie Gray
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Reedsville Mo.

MOTHER
15. MAIDEN NAME Bertha Bell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Calwood, Mo.

17. INFORMANT (ADDRESS) Hallie Gray
18. BURIAL, CREMATION, OR REMOVAL
PLACE Crows Fork DATE Oct 13 1932
19. UNDERTAKER (ADDRESS) Hughes Mayson Cuxpasse Mo.
20. FILED Oct 13 1932 R. N. Crews Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 11, 1932
22. I HEREBY CERTIFY, That I attended deceased from Oct 4, 1932 to Oct 11, 1932
I last saw him alive on Oct 4, 1932 Death is said to have occurred on the date stated above, at 10 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Enteroo Colitis	Sept 25
119B 119	

Other contributory causes of importance:

1

Name of operation ..... Date of .....
What test confirmed diagnosis? clinical Was there an autopsy? .....

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? no
If so, specify .....
(Signed) Martin Yates, M. D.
(Address) Fulton Mo