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.

32535

File No. 4066

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kaw — Primary Registration District No. 1002

City Kansas City (No. 4100, Terrace St. Ward)

2. FULL NAME Mrs. Hannah E. Gray

(a) Residence, No. 4100 Terrace St., 7 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr. Wm. A. Gray

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 18-1854

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	78	8	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Sheffield (STATE OR COUNTRY) England

FATHER

13. NAME Daniel Crossley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

MOTHER

15. MAIDEN NAME Sarah Jagger

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT C. Edwin Gray, (ADDRESS) 4100 Terrace - K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Nov. 1- 1932

19. UNDERTAKER Gates Funeral Home, (ADDRESS) Kansas City - Kansas.

20. FILED 10/31 1932 M. M. McGovern Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 30th- 1932.

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1932 to Oct. 30 1932

I last saw her alive on Oct 27 1932 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:

	Date of onset
Cerebral apoplexy.	Aug 1 1932

Other contributory causes of importance: None

Name of operation ... Date of ...

What test confirmed diagnosis? Usual 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? No

If so, specify

(Signed) Ward H. Leonard M. D.

(Address) 3232 Summit St.

3232 Summit St.
[illegible]