

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

Do not use this space.

36431

1. PLACE OF DEATH

67 County Miss Registration District No. 566
Township Sydney Primary Registration District No. 5762
City _____ (No. _____) St. _____ Ward _____

File No. _____
Registered No. 103
St. _____ Ward _____

2. FULL NAME

Robert Lee 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. 10 mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>Col.</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) <u>S</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>1/10/32</u>		
7. AGE	YEARS	MONTHS
<u>X</u>	<u>10</u>	<u>11</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pt Pleasant Mo</u>		
PARENTS	10. NAME OF FATHER <u>Willie Gray</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Pt Pleasant Mo</u>	
	12. MAIDEN NAME OF MOTHER <u>Exel Lee Jordan</u>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Pt Pleasant Mo</u>	

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY AND YEAR) 11/26 1932
17. I HEREBY CERTIFY, That I attended deceased from Nov 26th 1932 to Nov 24th 1932
that I last saw h. alive on Nov 25th 1932 and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Total Pneumonia

108 / 108 (duration) yrs. _____ mos. 4 ds.
CONTRIBUTORY (SECONDARY) _____ (duration) yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? (D)
WHAT TEST CONFIRMED DIAGNOSIS _____

(Signed) A. A. Marshall M. D.
Nov 27th 1932 (Address) Charleston Mo.
*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.

14. INFORMANT Lula Dennis
(Address) Rt 2 - Charleston Mo.
15. FILED Nov 26th 1932 J. B. Vernon REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Oak Grove Cemetery DATE OF BURIAL 11/27 1932
20. UNDERTAKER The Linn Fur Co ADDRESS Charleston Mo.

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. 1932

