

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

Do not use this space.

41918

1. PLACE OF DEATH

County.....

Registration District No. 700

Township.....

Primary Registration District No. 90100

City St. Louis, Missouri No. 500 So. Kings highway
W. Home Childs end work

File No.

Registered No. 11008

St. Ward)

2. FULL NAME Gray, Charles

(a) Residence, No. Poplar Bluff, Mo. St. 12 Ward. Poplar Bluff Mo.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 24/1919

7. AGE YEARS 13 MONTHS 9 DAYS 16 If LESS than 1 day, hrs. or min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Child

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) Poplar Bluff, Missouri 1

FATHER 13. NAME Fred W. Gray

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois 2

MOTHER 15. MAIDEN NAME Ann Parsley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 1

17. INFORMANT B. F. Anthony (ADDRESS) 500 So. Kings highway St. Louis

18. BURIAL, CREMATION OR REMOVAL PLACE Poplar Bluff Mo DATE 12-13 1919

19. UNDERTAKER (ADDRESS) Green Wood Co

20. FILED DEC 12 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-10 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-9 1932 to 12-10 1932

I last saw him alive on 12-10 1932 Death is said to have occurred on the date stated above, at 9:25 a.m.

The principal cause of death and related causes of importance were as follows:

Separating arthritis of hip joint Date of onset 15/11/32

Other contributory causes of importance: Sepsis

Name of operation Drawing hip Date of 10-10-32

What test confirmed diagnosis? Was there an autopsy? yes

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) Kenneth R. Bell M. D. (Address) 600 S. Kings highway

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.

Handwritten text at the bottom left corner, possibly a signature or date, including the word "Page" and some illegible characters.