

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

Do not use this space.

768

1. PLACE OF DEATH

28 County Howard Registration District No. 231
Township Union Primary Registration District No. 5315
City Keyesville Mo. (No.) St. Ward)

File No.
Registered No.

2. FULL NAME

Paul Gray
(a) Residence. No. Keyesville Mo. 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>—</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>1-4-31</u>		
7. AGE	YEARS <u>1</u>	MONTHS <u>7</u>
	DAYS	IF LESS than 1 day, hrs. or min.

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) Keyesville Mo.
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Har Gray
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ohio
(STATE OR COUNTRY) —

12. MAIDEN NAME OF MOTHER Ethel Gene Smith
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Frank County
(STATE OR COUNTRY) Mo.

14. INFORMANT Har Gray
(Address) Keyesville Mo.

15. FILED 1-20 1933 L. B. Gibbs
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 1 1933
17. I HEREBY CERTIFY, That I attended deceased from 12-25, 1932, to Jan 1 1933, that I last saw — alive on Jan 31 1932, and that death occurred, on the date stated above, at.....m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
11
11 (duration) yrs. mos. 9 ds.
CONTRIBUTORY (SECONDARY) —
10 (duration) yrs. mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

18 DID AN OPERATION PRECEDE DEATH..... DATE OF.....
18 WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) R. B. Parker, M. D.
, 19 (Address) Stulville 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Keyesville Mo DATE OF BURIAL Jan 2 1933
20. UNDERTAKER R. B. Parker & Son ADDRESS Stulville 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.

