

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

Do not use this space.

8529

1. PLACE OF DEATH

112 County Wright Registration District No. 899
Township Jackson Primary Registration District No. 6203-
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

John H. 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. 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 25 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 0 29

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

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) Kansas

13. NAME William Gray

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

15. MAIDEN NAME Caroline Neal

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

17. INFORMANT Ernest Auburn
(ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE Timber Ridge DATE Feb. 26 1933

19. UNDERTAKER H. J. M. Spangenberg
(ADDRESS) Manchester

20. FILED 3-10 1933 Fred R. Whitson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 24 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 20 1933 to Feb. 24 1933

I last saw him alive on Feb. 21 1933 Death is said

to have occurred on the date stated above, at 10:40 P.m.

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

Brucella Pneumonia (Date of onset 10/27/32)

Other contributory causes of importance: 1070

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? _____

If so, specify _____

(Signed) E. W. Bailey, M. D.

(Address) Albion Mo

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.

31

32

31

32

1933

