

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.

1. PLACE OF DEATH

County Jackson
Township Kanaw
City Kansas City, Mo. (No. Research Hospital)

Registration District No. 399
Primary Registration District No. 1002

File No. 16515
Registered No. 2003
St. Ward

2. FULL NAME

Richard Albert Gray Mc Gray
(a) Residence, No. 2516 Myndel St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

2 MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) deceased

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9, 1933

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

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1933, to May 9, 1933
I last saw him alive on May 8, 1933 Death is said to have occurred on the date stated above, at 2:50 a.m.
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 23 1897
7. AGE YEARS 36 MONTHS 3 DAYS 16 If LESS than 1 day, hrs. or min.

Septicemia (hemolytic strep) Date of onset 4/27/33

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Meter Tester
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. K. L. Power Light Co
10. Date deceased last worked at this occupation (month and year) 19-~~completing~~ 11. Total time (years) 35 1/2

Other contributory causes of importance:
Infection outside right hip just above knee - resulting from a pimple which had been picked

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

FATHER 13. NAME R. B. Mc Gray

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

MOTHER 15. MAIDEN NAME Allie Wood

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gills Gray

17. INFORMANT Mrs Margaret Mc Gray (ADDRESS) Myndel

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hills DATE May 11 1933

19. UNDERTAKER Wagner Funeral Home (ADDRESS) Linwood - Myndel

20. FILED 5-9 1933 M. M. Crowe Registrar.

Name of operation excision & drainage Date of 5/8/33
What test confirmed diagnosis had. r. culture 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? no
If so, specify
(Signed) D. D. Edwards M. D.
(Address) 4800 E. 12th St. K.C. Mo

Benton 5949

4800 East 2. of the SW

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