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

Do not use this space.

85

18998

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 85 — File No.: 18998

Township: — Primary Registration District No.: 1001 — Registered No.: 655

City: St Joseph (No. 1617 S 19th St St. Ward)

2. FULL NAME: Benjamin Franklin Gray

(a) Residence, No.: 1617 S. 19th 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 28 1852

7. AGE: Years 81 — Months 4 — Days 28 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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): Springfield Ohio

FATHER

13. NAME: William B Gray

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Caroline Ross

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): E F Gray Desmoines Iao

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Kaufman Cem DATE: June 28, 1933

19. UNDERTAKER (ADDRESS): Fleeman Funeral Home 1946 Colhoun

20. FILED: 6-27-, 1933 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 20th, 1933, to June 27th, 1933

I last saw him alive on June 27th, 1933. Death is said to have occurred on the date stated above, at 8:27 P. M.

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

Arteriosclerosis Sen — Date of onset: Unknown

97 97

Other contributory causes of importance:

none

Name of operation: none — Date of

What test confirmed diagnosis? Clinical Symptoms — Was there an autopsy? No

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) Arthur H Kelley, M. D.

(Address) St Joseph 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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

JUL 20 1933