

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

Do not use this space.

37823

1. PLACE OF DEATH

County St. Louis Registration District No. Missouri 1123
 Township Carondelet Primary Registration District No. 624873
 City Jefferson Barracks, Mo. Veterans Administration Facility St. _____ Ward _____

File No. _____
 Registered No. 367

2. FULL NAME Gray, William H.

(a) Residence, No. 5631 Chamberlain, St. Louis, Mo. Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred Un yrs. kn mos. OWN ds. How long in U. S., if of foreign birth? Un yrs. kn mos. OWN ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widowed</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 28, 1869</u>				
7. AGE YEARS <u>64</u>	MONTHS <u>9</u>	DAYS <u>1</u>	If LESS than 1 day, _____ hrs. _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Salesman</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Provision</u>			
	10. Date deceased last worked at this occupation (month and year) <u>1930</u>			
				11. Total time (years) spent in this occupation <u>30 yrs</u>
12. BIRTHPLACE (CITY OR TOWN) <u>St. Louis, Mo.</u> (STATE OR COUNTRY)				
FATHER	13. NAME <u>William H. Gray</u>			
	14. BIRTHPLACE (CITY OR TOWN) <u>Missouri</u> (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME <u>Anna L. Harper</u>			
	16. BIRTHPLACE (CITY OR TOWN) <u>Michigan</u> (STATE OR COUNTRY)			
17. INFORMANT <u>E. H. Gibbons, M.D.</u> (ADDRESS) <u>Ward Surgeon.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bellefontaine</u> DATE <u>Dec 2</u> , 19 <u>33</u>				
19. UNDERTAKER <u>Alexander & Sons</u> (ADDRESS) <u>6175 Delmar</u>				
20. FILED <u>Nov. 29</u> , 19 <u>33</u> <u>B. F. Tate, M.D.</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 3, 1933, 19____, to Nov. 29, 1933
 I last saw h.i.m. alive on Nov. 29, 1933. Death is said to have occurred on the date stated above, at 4:20 p.m.
 The principal cause of death and related causes of importance were as follows:
 Pneumonia, Lobar, right upper
 Myocarditis, chronic
 Date of onset _____

Other contributory causes of importance:
108

Name of operation No Date of _____
 What test confirmed diagnosis Clinical Laboratory, Y-ray Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No 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 No
 (Signed) W.C. Gibbons, M.D.
 (Address) W.C. GIBSON, M.D.
Manager
Veterans Administration Facility
Jefferson Barracks, 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 VITAL RECORD

