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

Do not use this space.
38920

1. PLACE OF DEATH
County: Vernon
Township: Nevada
City: ... (No. ..., ... St. ... Ward)

Registration District No. 875
Primary Registration District No. 6162

File No.
Registered No. 241

2. FULL NAME: Glen T. Gray
(a) Residence, No. State Hospital #3 St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 15 yrs. 3 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): wid.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: not given.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 25/1857
7. AGE: Years 76 Months 9 Days 13 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mining
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 1
10. Date deceased last worked at this occupation (month and year): X
11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

FATHER
13. NAME: Jno. L. Gray
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER
15. MAIDEN NAME: Magdeline Ostott
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

17. INFORMANT (ADDRESS): Aspira Apts Joplin, Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Joplin, Mo. DATE: Nov 9. 1933
19. UNDERTAKER (ADDRESS): Hurlbut Und. Co. 315 Joplin St Joplin, Mo.
20. FILED 11-20-1933 E. R. King Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 7, 1933
22. I HEREBY CERTIFY, That I attended deceased from Aug. 7, 1918, to Nov. 7, 1933
I last saw him alive on ..., 1933 Death is said to have occurred on the date stated above, at 7:50 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
93D	
97	

Other contributory causes of importance:

Myocardial insufficiency	

Name of operation: no Date of:
What test confirmed diagnosis? Clinical 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) J. T. Cadell, M. D.
(Address) Nevada, 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

DEC 13 1949