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.

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1. PLACE OF DEATH

County Buchanan — Registration District No. — File No.

Township — Primary Registration District No. 1001 — Registered No. 10

City St. Joseph Mo (No. Mo. Methodist Hospital St. Ward)

2. FULL NAME Andrew Jackson Gray

(a) Residence, No. 1622 Popular St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 22, 1850

7. AGE: YEARS 83 — MONTHS 4 — DAYS 10 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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): St. Joseph Mo.

FATHER

13. NAME: Samuel Gray

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknwon Mo

MOTHER

15. MAIDEN NAME: Unknown

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

17. INFORMANT (ADDRESS): Mrs Mable Harts 1127 Highley St

18. BURIAL, CREMATION, OR REMOVAL

PLACE Ashland Cem DATE 1-5- 1933

19. UNDERTAKER (ADDRESS): B.F. Graves Funeral Home 806 South 17th St

20. FILED 1-4-34, 19 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1933, to Jan 2, 1934

I last saw him alive on Jan 2, 1934. Death is said to have occurred on the date stated above, at 3.30 P.M.

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

	Date of onset
Bronchopneumonia	Dec 30
107 A	
107	

Other contributory causes of importance: Hypertension Senility

Name of operation — Date of

What test confirmed diagnosis? Clin — 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) [signature], M. D.

(Address) St. Joseph Mo