

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

Do not use this space.

674

**1. PLACE OF DEATH**

County St. Louis  
Township Lincoln  
City St. Louis (No. \_\_\_\_\_)

Registration District No. 954  
Primary Registration District No. 9368

File No. \_\_\_\_\_  
Registered No. 30  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

William E Gray

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 67 yrs. 11 mos. 11 ds. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ 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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mahala Gray</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 29 - 1852</u>		
7. AGE <u>81</u> YEARS	MONTHS <u>3</u>	DAYS <u>26</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		
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) <u>Wells Co North Car</u>		
13. NAME <u>William Gray</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wells Co N. C.</u>		
15. MAIDEN NAME <u>Matilda Sparks</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wells Co N. C.</u>		
17. INFORMANT (ADDRESS) <u>Sidney Gray</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Gray Cem</u> DATE <u>1/18</u> 19 <u>34</u>		
19. UNDERTAKER (ADDRESS) <u>J. D. Naborn</u> <u>Salem, Mo.</u>		
20. FILED <u>Feb 8</u> 19 <u>34</u> <u>J. B. Gordon</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 17 1934

22. I HEREBY CERTIFY That I attended deceased from January 15<sup>th</sup> 1934, to January 17 1934  
I last saw h. him alive on January 15 1934. Death is said to have occurred on the date stated above, at 5:00 a.m.

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

Chronic interstitial nephritis

Date of onset unknown

Other contributory causes of importance?  
Hypertension with hypertrophy of heart  
Catheter infection

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical findings Where an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 1934

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) F. E. Dentler, M. D.  
(Address) Salem, Missouri

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.

