

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

Do not use this space.

JAN 28 1935

42939

1. PLACE OF DEATH

County Jackson
Township Kaw
City W. Va. (No. 2609)

Registration District No. 399
Primary Registration District No. 1002
Virginia

File No.
Registered No. 5302
St. Ward)

2. FULL NAME

Marion Gray
(a) Residence, No. 3609 Virginia 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Fe</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>M. A. Gray</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May-23-1856</u>		
7. AGE YEARS <u>78</u>	MONTHS <u>6</u>	DAYS <u>18</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none.</u>		11. Total time (years) spent in this occupation.....
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).....		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Australia</u>
FATHER 13. NAME <u>Robert J. Mc Leod</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Scotland</u>
MOTHER 15. MAIDEN NAME <u>Margaret Wylie</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Scotland</u>
17. INFORMANT <u>M. R. Gray</u> (ADDRESS) <u>3609 Virginia</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bushington</u> DATE <u>12-13-34</u>
19. UNDERTAKER <u>Mrs. E. L. Foster</u> (ADDRESS) <u>918 Broadway ave</u>
20. FILED <u>12/11</u> 19 <u>34</u> <u>M. M. Ordover</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-11-34

22. I HEREBY CERTIFY, That I attended deceased from Dec 2- 1934 to Dec 11 1934
I last saw him alive on Dec 10 1934 Death is said to have occurred on the date stated above, at 4:45 PM
The principal cause of death and related causes of importance were as follows:
Chronic Bronchopneumonia
Nephritis
Other contributory causes of importance:
Arteriosclerosis

Name of operation none Date of

What test confirmed diagnosis? Tubercle 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? no (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 J. J. Nathan MD (Signed), M. D.
(Address) 1116 E. Avenue

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.

Va 3417

1000 ft

2000 ft

3 to 6 pm