APR 25 1935

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

Do not use this space.

11439

File No.

Registered No. 84

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123

Township — Primary Registration District No. 6248 B

City Jefferson Barracks (No. Veterans Administration Facility St. Ward)

2. FULL NAME William Gray

(a) Residence, No. 1547-A S. 2nd Street St., Ward. St. Louis, Missouri
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Un yrs kno mos. wn ds. How long in U. S., if of foreign birth? - yrs. - mos. - ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Male	Colored	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10 - 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	9	2	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailor Shop

10. Date deceased last worked at this occupation (month and year) Unavailable

11. Total time (years) spent in this occupation Unavail.

12. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

FATHER

13. NAME Horace Gray

14. BIRTHPLACE (CITY OR TOWN) Natchez
(STATE OR COUNTRY) Mississippi

MOTHER

15. MAIDEN NAME Edith Winters

16. BIRTHPLACE (CITY OR TOWN) Natchez
(STATE OR COUNTRY) Mississippi

17. INFORMANT W. C. Gibson, M. D.
(ADDRESS) Vet. Adm. Facility, Jeff. Barks., Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery DATE Mar 11 1935

19. UNDERTAKER Gates Funeral Home
(ADDRESS) 4107 Finney Ave

20. FILED Mar 8 1935 L. Mowry
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from February 25, 1935 to March 8, 1935

I last saw him alive on March 8, 1935 Death is said to have occurred on the date stated above, at 12:58 p.m.

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

	Date of onset
Tuberculosis, pulmonary, chronic far advanced, active, all lobes.	Unkn.

Other contributory causes of importance:

Name of operation None Date of -

What test confirmed diagnosis? History, physical, and x-ray findings Was there an autopsy? No clinical manifestations.

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?

If so, specify

(Signed) W. C. Gibson, M.D. Chief Med Officer

(Address) Vet. Administration Facility
Jeff. Barracks, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.