

NOV 19 1935

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

Do not use this space.

32024

1. PLACE OF DEATH

County Caldwell  
Township Breckenridge  
City Breckenridge (No.         )

Registration District No. 94  
Primary Registration District No. 4055

File No.           
Registered No.           
St.          Ward         

2. FULL NAME

Charles Gray

(a) Residence, No.          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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

|  |                                  |   |
|--|----------------------------------|---|
| 3. SEX<br><u>male</u>  | 4. COLOR OR RACE<br><u>white</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ellie Gray</u>                                       |                                  |   |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dont know</u>   |                                  |   |
| 7. AGE YEARS<br><u>about 50</u>  | MONTHS                           | DAYS  |
| If LESS than 1 day, ..... hrs. or ..... min.   |                                  |   |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><u>R. R. Operator</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>Dont know</u>  |                                  |   |
| 13. NAME <u>Dont know</u>  |                                  |   |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dont know</u>  |                                  |   |
| 15. MAIDEN NAME <u>Dont know</u>   |                                  |   |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dont know</u>  |                                  |   |
| 17. INFORMANT <u>Reynolds Kleyper</u><br>(ADDRESS) <u>nearby no.</u>   |                                  |   |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>North St. C. no</u> DATE <u>Oct 24 1935</u>                               |                                  |   |
| 19. UNDERTAKER <u>T. J. Smith &amp; Son</u><br>(ADDRESS) <u>Breckenridge Mo.</u>                                     |                                  |   |
| 20. FILED <u>Oct 23 1935</u> <u>A. R. Wesley</u><br>Registrar  |                                  |   |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from never attended to never saw him alive, 1935  
I last saw him alive on         , 1935 Death is said to have occurred on the date stated above, at 9:30 p.m.  
The principal cause of death and related causes of importance were as follows:  
Killed in an auto-accident while on P.R. crossing. Skull fractured. dead body removed. Burlington Mo.  
Other contributory causes of importance none

Name of operation none Date of           
What test confirmed diagnosis abnormal Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide Breckenridge Mo Date of injury Oct 27 1935  
Where did injury occur Breckenridge Mo (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury Run over by P.R. train  
Nature of injury Skull fractured

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify Dr. J. Chase (Coroner), M. D.  
(Signed)          (Address) Kingston 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.

