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.

FEB 19 1936

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

Do not use this space.

1862.

1. PLACE OF DEATH

County: Johnson — Registration District No.: 431 — File No.:

Township: — Primary Registration District No.: 3023 — Registered No.: 1

City: Warrensburg (No. , St. Ward)

2. FULL NAME Joseph Myram Gray

(a) Residence, No. 220½ E Market 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	Wh	married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 9, 1902

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
33	9	0	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Electric Light Co.

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): Roseland Mo.

FATHER

13. NAME: J. W. Gray

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

MOTHER

15. MAIDEN NAME: Ruth A. Phelps

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Windsor Mo.

17. INFORMANT (ADDRESS): Mrs Estelle Gray 220½ E Market, Warrensburg Mo.

18. BURIAL, CREMATION, OR REMOVAL: Englewood Cem. Clinton Mo. DATE Jan. 11 1936

19. UNDERTAKER (ADDRESS): W. F. Wilcox Funeral Service Warrensburg Mo.

20. FILED Jan. 10 1936 Eva Henry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 9 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-8, 1935, to 1-9, 1936

I last saw him alive on January 9, 1936. Death is said to have occurred on the date stated above, at 2:45 P.m.

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

	Date of onset
Malignancy - Secondary, Metastatic to Right Cerebral Hemisphere - (Primary Bronchogenic Carcinoma (?))	?

Other contributory causes of importance:

Cerebral Abscess (Right)

Name of operation: Sinus Drainage Exp. — Brain Date 10-10-35 6-35

What test confirmed diagnosis? — 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) Elbert R. Cooper, M. D.

(Address) Warrensburg, Mo.