

MAY 18 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County Butler  
Township Gillis Bluff  
City (No. \_\_\_\_\_) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_Registration District No. 92Primary Registration District No. 5137File No. 15859

Registered No. \_\_\_\_\_

## 2. FULL NAME

Tom J 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

Male

## 4. COLOR OR RACE

White

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

## 5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OFClaudie Gray

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

2-22-70

## 7. AGE

67

## MONTHS

2

## DAYS

5If LESS than 1  
day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

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

Farmer

## 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)

Ind.

## 13. NAME

William Gray

## 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ind.

## 15. MAIDEN NAME

Elizabeth Small

## 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ind.

## 17. INFORMANT (ADDRESS)

Claudie Gray  
Quincy MO

## 18. BURIAL, CREMATION, OR REMOVAL

## PLACE

Grave

## DATE

4-2837

## 19. UNDERTAKER (ADDRESS)

Hill Bros &  
Lelbourn MO

## 20. FILED

4/281937Beats Coop

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH (MONTH, DAY, AND YEAR)

4-27, 1937

## 22. I HEREBY CERTIFY That I attended deceased from

June 1, 1937 to Apr. 27, 1937I last saw him alive on Mar 7, 1937. Death is saidto have occurred on the date stated above, at 5:10 p.m.

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

Cerebral hemorrhage

Date of onset

## Other contributory causes of importance:

## Name of operation

Clinical

## Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

## 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) Clayton V. Nuster, M. D.(Address) Parma MO

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.

