

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.

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

Do not use this space.

SEP 21 1937

1. PLACE OF DEATH

County Jasper

Registration District No. 408

File No. 30923

Township

Primary Registration District No. 3020

Registered No.

City Carthage

(No. 303 W.; Macon)

St. _____ Ward _____

2. FULL NAME William Bisher Gray

(a) Residence, No. 303 W. Macon St., _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 74 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)

Widowed

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

Eliza J. Myers Gray

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 14, 1862

7. AGE

74

YEARS

10

MONTHS

DAYS

15

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

Merchant

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)

Jasper Co. Missouri

FATHER

13. NAME Lee Gray

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

Unknown

MOTHER

15. MAIDEN NAME Adeline Schooler

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

Unknown

17. INFORMANT (ADDRESS)

Mr. Howard Gray Carthage, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE

Fasken Cemetery DATE Aug. 31, 1937

19. UNDERTAKER (ADDRESS)

Ulmer Funeral Home Carthage, Missouri

20. FILED Aug 31, 1937

S. B. Calyton

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 26, 1937, to Aug 29, 1937
I last saw alive on Aug 29, 1937. Death is said

to have occurred on the date stated above, at 10:37 pm

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

Chronic Myocarditis

Date of onset ?

Other contributory causes of importance:

Hypertrophied prostate

Name of operation none Date of _____

What test confirmed diagnosis physical 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? no

If so, specify _____

(Signed) George H. Wood M. D.

(Address) Carthage Mo



CONFIDENTIAL

MEMORANDUM FOR THE DIRECTOR

FROM: SAC, NEW YORK

DATE: 10/15/54

SUBJECT: [Illegible]

RE: [Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

10, 11, 12