

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

Do not use this space.

13065

1. PLACE OF DEATH
 County St. Louis Registration District No. 349
 Township Springfield Primary Registration District No. 5300
 City (No.) St. (Ward)

2. FULL NAME John L. 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Laura E. Gray</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 25 - 1888</u>		
7. AGE	YEARS <u>88</u>	MONTHS <u>0</u>
	DAYS <u>25</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>farm</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Nov 1933</u>	
	11. Total time (years) spent in this occupation <u>40</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>		
FATHER	13. NAME <u>Joseph Gray</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>	
MOTHER	15. MAIDEN NAME <u>Don't know</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unity</u>	
17. INFORMANT (ADDRESS) <u>J. P. Gray, Roseland, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mount Olive</u> DATE <u>4-19</u> 19 <u>33</u>		
19. UNDERTAKER (ADDRESS) <u>Shore & Son, Clinton Mo</u>		
20. FILED <u>4-19</u> 19 <u>33</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 18 - 1933

22. I HEREBY CERTIFY, That I attended deceased from June 5 1924 to Apr 17 1933
 last saw him alive on Apr 15 1933 Death is said to have occurred on the date stated above, at 5 P. m.
 The principal cause of death and related causes of importance were as follows:
Cause of the fever
52
 Date of onset face

Other contributory causes of importance:
none

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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) J. P. Pullen, M. D.
 (Address) Belhoune 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.

MAY 22 1933

FORM RESERVED FOR BINDING

