

NOV 14 1934

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

Do not use this space.

## 1. PLACE OF DEATH

County Henry Co.  
Township Springfield  
City (No. ....) (State) (Ward)

Registration District No. 349  
Primary Registration District No. 5300

File No. 35839  
Registered No. 30

2. FULL NAME William A. 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 11 - 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
70 7 23

OCCUPATION 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) 10  
11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry Co. Missouri13. NAME Rev. W. A. Gray14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky15. MAIDEN NAME Mary Beuch16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benton Co. Mo.17. INFORMANT Mrs W. A. Gray  
(ADDRESS) Wendover Mo.18. BURIAL, CREMATION, OR REMOVAL  
PLACE Mt Olivet DATE Oct-5 193419. UNDERTAKER C. A. Roof  
(ADDRESS) Wendover Mo.20. FILED Oct-4 1934 Mrs. W. A. Gray  
Registrar.

## 2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 3, 193422. HEREBY CERTIFY, That I attended deceased from Oct 2 1934 to Oct 3 1934I last saw him alive on Oct 2 1934 Death had saidto have occurred on the date stated above, at 8:45 a.m.

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

Cerebral hemorrhage  
left side  
Date of onset

Other contributory causes of importance:

Name of operation Autopsy 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, 1934

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 TT Meningitis(Signed) Wendover Mo. M. D.(Address) Wendover 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.

