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

Do not use this space.

19227

File No.

Registered No.

1. PLACE OF DEATH

County Clay — Registration District No. 198

Township Fishing River — Primary Registration District No. 3011

City Excelsior Springs (No. , St. Ward)

2. FULL NAME Patrick Grayson

(a) Residence, No. 423 E Broadway St., Ward. (If nonresident, give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 3 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)
male	white	married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 28-1862

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	73	4	6	

OCCUPATION

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

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) Salem West Va

FATHER

13. NAME John Grayson

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

MOTHER

15. MAIDEN NAME Margaret Hession

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

17. INFORMANT (ADDRESS) Edna Coffelt Excelsior Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Crown Hill DATE June 6 19 35

19. UNDERTAKER (ADDRESS) Claude Pritchard Excelsior Springs, Mo.

20. FILED June 5 19 35 Mrs. Rea McCrayson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 25th, 1935, to June 4, 1935

I last saw him alive on June 4, 1935. Death is said to have occurred on the date stated above, at 11:15 A. M.

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

	Date of onset
Coronary Sclerosis	
Heart	5/25/35

Other contributory causes of importance:

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) John W Grace M. D.

(Address) Excelsior Springs 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.