

MARGIN RESERVED FOR BINDING

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

NOV 30 1926

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

Do not use this space.

31060

1. PLACE OF DEATH  
 County Carroll Registration District No. 135  
 Township Eugene Primary Registration District No. 942  
 City..... (No.)..... 5201 St. .... Ward)

2. FULL NAME William S Gray  
 (a) Residence. No. Wetland Mo St. .... Ward. ....  
 (Usual place of abode)  
 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. (If nonresident give city or town and State)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7-19-1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
66 | 2 | 21

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Livestock Dealer  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll Co Mo

PARENTS

10. NAME OF FATHER Thomas M Gray

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER Margaret Stalon

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Carroll Co Mo

14. INFORMANT Mrs W S Gray  
 (Address) Wetland Mo

15. FILED 10-11-1926 Miss E C Farnham  
 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-10 1926

17. I HEREBY CERTIFY, That I attended deceased from 1-2-26 to 10-10-1926 that I last saw h. alive on 8/24, 1926 and that death occurred, on the date stated above, at 2 A m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Apoplexy  
92A 90W  
 (duration) yrs. mos. ds. 1 ds.

CONTRIBUTORY (SECONDARY) Chronic Cardiac  
Valvular (duration) yrs. mos. ds. 5 yrs.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? no DATE OF.....  
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) J. H. Rogers M. D.  
10-11-1926 (Address) Carrollton Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Salmon County DATE OF BURIAL 10/11 1926

20. UNDERTAKER Wilkes Bros ADDRESS Carrollton Mo