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.

JUL 25 1927

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

Do not use this space.

85

1. PLACE OF DEATH

County Buchanan — Registration District No. 1001 — File No. 17605

Township — Primary Registration District No. — Registered No. 645

City St. Joseph (No. State Hospital for Insane No. 2 St. ..... Ward)

2. FULL NAME Alice Gray

(a) Residence. No. 2710 So. 23rd St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 2 mos. 6 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feby 16, 1857

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
70	4	6	

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

9. BIRTHPLACE (CITY OR TOWN) Bridgehampton
(STATE OR COUNTRY) L. I. New York

PARENTS

10. NAME OF FATHER T. M. Gray
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Easton
(STATE OR COUNTRY) Pennsylvania
12. MAIDEN NAME OF MOTHER Mary Jane Noe
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Elizabeth
(STATE OR COUNTRY) New Jersey

14. INFORMANT F. F. Gray
(Address) 2710 So 23 City.

15. FILED JUN 22 1927 John G. Yeh REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 22. 1927

17. I HEREBY CERTIFY, That I attended deceased from April 16, 1927, to June 22, 1927 that I last saw him alive on June 21, 1927, and that death occurred, on the date stated above, at 9:15 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arteriosclerosis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 9/13

(duration) ..... yrs. ..... mos. ..... ds.

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

DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) J. R. Burch, M. D.

6/22/, 1927 (Address) State Hospital #2

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Ashland Cemetery — DATE OF BURIAL: June 24 1927

20. UNDERTAKER: Heaton - BeGole Undbo by J. N. Karle — ADDRESS: 319 S. 10 St