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.

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

Do not use this space.

40639

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 40639

Township Kaw — Primary Registration District No. 1002 — Registered No. 5013

City Kansas City (No. 3421 E. 21st St. Ward)

2. FULL NAME Bertha Gray

(a) Residence. No. 3421 E. 21st St., 11 Ward. (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Col

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Melvin Gray

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 27, 1901

7. AGE: Years 27 — Months 4 — Days 10 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: House work

(b) General nature of industry, business, or establishment in which employed (or employer): at home

(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Shreveport La

PARENTS

10. NAME OF FATHER: Isreal Morris

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

12. MAIDEN NAME OF MOTHER: Trebie Leon

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): La

14. INFORMANT: Trebie Winston (Address) 3421 E. 21st.

15. FILED 17/10, 1928 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec. 7, 1928

17. I HEREBY CERTIFY, That I attended deceased from June 22nd, 1928, to Dec 7, 1928 that I last saw her alive on Dec-7, 1928 and that death occurred, on the date stated above, at 1:55 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia

1010 108 1056 1186

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY): Sub acute gastritis & Proctitis (duration) yrs. 6 mos. 6 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) R V Miller

17/8, 1928 (Address) 1426 E 18

*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: Highland — DATE OF BURIAL: Dec. 11, 1928

20. UNDERTAKER: Adkins Bros — ADDRESS: 2000 E 12th