

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

Do not use this space.

24488

1. PLACE OF DEATH

County Coas Registration District No. 157
 Township Pleasant Hill Primary Registration District No. 4091
 City Pleasant Hill (No. _____) St. _____ Ward _____

File No. 6
 Registered No. 16

2. FULL NAME Thomas Henry Gray

(a) Residence, No. _____ 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 <u>Male</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 22 1870</u>		
7. AGE	YEARS <u>61</u>	MONTHS <u>4</u>
	DAYS <u>8</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
	13. NAME <u>Wm R Gray</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
	15. MAIDEN NAME <u>Elent Galey</u>	
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
	17. INFORMANT <u>Wm R Gray</u> (ADDRESS) <u>Pleasant Hill</u>	
18. BURIAL, CREMATION, OR REMOVAL		
PLACE <u>Pleasant Hill Mo</u> DATE <u>Aug 1 1931</u>		
19. UNDERTAKER (ADDRESS) <u>W. W. Munnay</u> <u>Pleasant Hill Mo</u>		
20. FILED <u>July 30 1931</u> <u>L. V. Munnay M.D.</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30 1931

22. I HEREBY CERTIFY, that I attended deceased from Mar 30 1931 to July 30 1931.
 I last saw him alive on July 30 1931. Death is said to have occurred on the date stated above, at 12 noon.
 The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis Date of onset _____
TBA
 Other contributory causes of importance: _____

9 Name of operation _____ Date of _____
 What test confirmed diagnosis? Lab. Exam Was there an autopsy? no

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) L. V. Munnay, M. D.
 (Address) Pleasant Hill, 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.

AUG 25 1931

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