

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

Do not use this space.

42711

1. PLACE OF DEATH

County..... Registration District No. 701
Township..... Primary Registration District No. 1008
City St. Louis, Mo. City Hospital # 2

File No.
Registered No. 175
St. Ward)

2. FULL NAME

Lillie Gray
(a) Residence, No. 2313 P Morgan 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>Female</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Eddie Gray</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>2-27-1882</u>		
7. AGE	YEARS <u>50</u>	MONTHS <u>10</u>
	DAYS <u>0</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>None</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>None</u>	
	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) <u>Missouri</u>		
FATHER	13. NAME <u>Dave Moore</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Fannie Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT (ADDRESS) <u>A. G. Creach City Hospital # 2</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Father Depon</u> DATE <u>1-9</u> 19 <u>33</u>		
19. UNDERTAKER (ADDRESS) <u>Pinkie Jones</u>		
20. FILED <u>JAN -6 1933</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-27 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-25 1932 to 12-27 1932
I last saw h. alive on 12-27 1932. Death is said to have occurred on the date stated above, at 3:00 a m.
The principal cause of death and related causes of importance were as follows:
Lobar pneumonia
108
93 108 108 108
Date of onset 3 weeks

Other contributory causes of importance:
Myocarditis chronic

Name of operation None Date of

What test confirmed diagnosis? Chemical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?

Where did injury occur?

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?

If so, specify

(Signed) C. M. Smith M. D.
(Address) City Hospital # 2

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.

WRITE LEGIBLY WITH OBTAINING INK—THIS IS A PERMANENT RECORD

