

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**

1143  
Do not use this space.

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1. PLACE OF DEATH v

(a) County Jackson Registration District No. 399

(b) Township Kaw Primary Registration District No. 1002

(c) City Kansas City (d) Street No. 2008 East 13th Street Registered No. 156

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

2. PRINT FULL NAME Joe W. Gray

(a) Residence, No. 2008 East 13th Street St.  (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</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>Franky Gray</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>01-21-1895</u>			
7. AGE	YEARS <u>43</u>	MONTHS <u>11</u>	DAYS <u>18</u>
	If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Cook</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>Kansas</u>		
FATHER	13. NAME	<u>Dr Joe Gray</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Kansas</u>	
MOTHER	15. MAIDEN NAME	<u>Ora Johnson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Miss</u>	
17. INFORMANT (ADDRESS)	<u>Mrs Anna Case</u> <u>331 E 48th St Douglas</u>		
18. BURIAL, CREMATION, OR REMOVAL	PLACE <u>Highland</u>	DATE <u>1-14-39</u>	
19. FUNERAL DIRECTOR (NAME) (ADDRESS)	<u>J. B. Moore</u> <u>1820 E 18th St</u>		
20. FILED	<u>Jan 13 1939</u> <u>M. M. Coover</u> Local Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 9 - 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 2 - 1939 to Jan 9 - 1939

I last saw him alive on Jan 2 - 1939 Death is said to have occurred on the date stated above, at 11 A. M.

The principal cause of death and related causes of importance were as follows:

Loos Pneumonia

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Date of onset

Other contributory causes of importance:

Name of operation Cleaveland Date of

What test confirmed diagnosis? Cleaveland Was there an autopsy?

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?

If so, specify

(Signed) W. Lee, M. D.

(Address) 1512 8th

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

*A. B. Moore*

....., or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed *A. B. Moore*

Licensed Embalmer No. *2410*

P. O. Address *Kansas City, Mo.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**