

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

35609
 Do not use this space.

RECD NOV 20 1939

1. PLACE OF DEATH
 (a) County Buchanan Registration District No. 86
 (b) Township Washington Primary Registration District No. 5127
 (c) City St. Joseph (d) Street No. In ambulance, near Faucett Mo. inroute to St. Joseph's Hospital, St. Joseph, Mo.
 (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 Walter J. Gray
 (a) Residence, No. Camden Point, Mo. St. Camden Point, Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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) Apr. 19th. 1917

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
22 5 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Salesman
 9. Industry or business in which work was done, as saw mill, bank, etc. Auto accessories
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Camdenpoint
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME Fred Gray
 14. BIRTHPLACE (CITY OR TOWN) Kansas
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Nannie Mellon
 16. BIRTHPLACE (CITY OR TOWN) Carden Point
 (STATE OR COUNTRY) Missouri

17. INFORMANT W. H. Gray
 (ADDRESS) kansas City, Mo. R.F.D # 3

18. BURIAL, CREMATION, OR REMOVAL PLACE Carden Point Mo DATE Oct. 17. 1939

19. FUNERAL DIRECTOR (NAME) Clark Mortuary
 (ADDRESS) 5025 King Hill Ave. St. Joseph

20. FILED Oct 16 39 A. Neillbuch
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from 10/15 Viewed 19 39 to 19
 I last saw 10/15/39 Death is said to have occurred on the date stated above, at 5:30a.m.

The principal cause of death and related causes of importance were as follows:
Injuries received when the

Auto in which he was riding collided with a horse
 Date of onset
 Other contributory causes of importance: none

Name of operation Date of
 What test confirmed diagnosis? History Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury 10/15, 19 39
 Where did injury occur? Buchanan County
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Public place

Manner of injury Auto crashed into a horse
 Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased? NO
 If so, specify B.W. Tadlock Coroner, M. D.
 (Address) King Hill Bldg

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.

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, ~~on~~ Oct. 15, 193

..... Registered Apprentice No.....

working under my personal supervision.

Signed

Earl Clark

..... Licensed Embalmer No.....

3476

P.O. Address

St. Joseph, Mo.

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

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