

COUNTY

TOWNSHIP

## MINNESOTA DEPARTMENT OF HEALTH

Division of Health and Sanitation

CERTIFICATE OF DEATH

Death Office No.

38 / 5479

COUNTY Jackson  
TOWNSHIP Spring LakeName of decedent Benjamin J. Gray  
(If deceased in a hospital or institution, give its NAME (number of street and number) \_\_\_\_\_)City \_\_\_\_\_  
2. FULL NAME Benjamin J. Gray  
(a) Residence No. 814 1/2 Ave St. W.  
(b) (State of birth) \_\_\_\_\_  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if foreign birth? yrs. mos. ds. (If non-citizen give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male  
4. Color of hair White  
5. Single, Married, Widowed or Divorced (WRITE the word) Single  
6. If married, widowed or divorced HUSBAND of (or) WIFE of Single  
7. DATE OF BIRTH: Month, day and year April 1906  
8. AGE: Years 31 Months 6 Days 26

## MEDICAL CERTIFICATE OF DEATH

9. DATE OF DEATH (month, day, and year) Nov. 1, 1937  
10. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1937 to Nov. 1, 1937  
I last saw him alive on Nov. 1, 1937, death is said to have occurred on the date stated above, at 8:24.  
The principal cause of death and related causes of importance were as follows: \_\_\_\_\_  
Duration \_\_\_\_\_

OCCUPATION

11. Trade, profession, or particular kind of work done, as engineer, Sawyer, bookkeeper, etc. Professional  
12. Industry or business in which work was done, as oil mill, saw mill, bank, etc. Ball Player  
13. Date deceased last worked at this occupation (month and year) \_\_\_\_\_  
14. Total time (years) spent in this occupation \_\_\_\_\_15. Cause of death Asphyxiation by Carbon monoxide gas  
16. Other contributory causes of importance: \_\_\_\_\_

MOTHER FATHER

17. BIRTH PLACE (city or town) (State or country) W. Oregon  
18. NAME Peter J. Gray  
19. BIRTHPLACE (city or town) (State or country) Germany  
20. MAIDEN NAME Anna Maria  
21. BIRTHPLACE (city or town) (State or country) Germany22. If operation, date of \_\_\_\_\_  
23. Condition for which performed \_\_\_\_\_  
24. Organ or part affected \_\_\_\_\_  
25. Was there laboratory test? \_\_\_\_\_  
26. In case of violence state if accident, homicide or suicide Suicide  
27. Where did injury occur? Jackson Co. (Specify city, county or state)28. INFORMANT Chas. J. Smith (Address) 220 1/2 1st St. W.  
29. BURIAL, CREMATION, OR REDUCTION Place Woodland - Nov. 1937  
30. UNDERTAKER W. J. Smith (Address) 120 1/2 1st St. W.  
31. FILED 11-4-3728. In industry, home or public place? Home Garage  
29. Was disease or injury related to occupation of deceased? No  
30. Jackson, Minn. - Coroner  
1406 Jackson City Park