

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.

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

PLACE OF DEATH

County Wright
Township Clark
or
Village ~~Wright~~
or
City ~~Wright~~ (NO. _____) St.: _____ Ward)

Registration District No. 1122

File No. 28595

Primary Registration District No. 6226

Registered No. _____

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Hanna Gray

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE white SINGLE MARRIED Married
WIDOWED OR DIVORCED
(Write the word)

DATE OF BIRTH July 10, 1838
(Month) (Day) (Year)

AGE 74 yrs. 1 mos. 1 ds. IF LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer) 9-0

BIRTHPLACE (City or town, State or foreign country) Green Co Tenn

NAME OF FATHER Ruben Smith

BIRTHPLACE OF FATHER (City or town, State or foreign country) Green Co Tenn

MAIDEN NAME OF MOTHER Mary Smith

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Rever

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)

(ADDRESS) Jas Dorsey Macomb

Filed 7/14 1912 J. B. Little REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 11, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Aug 5th, 1912, to Aug 10, 1912, that I last saw her alive on Aug 10, 1912, and that death occurred, on the date stated above, at 4 a.m.

The CAUSE OF DEATH* was as follows:
Cerebral Apoplexia

82A
(Duration) ___ yrs. ___ mos. ___ ds.

Contributory (SECONDARY) (Duration) ___ yrs. ___ mos. 3 ds.

(Signed) R. A. Ryan M. D. 8/11, 1912 (Address) Norwood mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted if not at place of death? Former or usual residence.

PLACE OF BURIAL OR REMOVAL Macomb DATE OF BURIAL 8/12, 1912

UNDERTAKER None ADDRESS

