N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH [illegible]

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

PLACE OF DEATH

County Pike

Township Spencer or Village or City (NO. St.; Ward)

Registration District No. 666 Primary Registration District No. 5913

File No. 13672

Registered No. 8

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

FULL NAME Alice Gray Ayres

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH June 6th 1846 (Month) (Day) (Year)

AGE 68 yrs. 10 mos. 20 ds. If LESS than 1 day, hrs. or min.?

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

BIRTHPLACE (City or town, State or foreign country) Kentucky

PARENTS

NAME OF FATHER Henry Smith Hagans

BIRTHPLACE OF FATHER (City or town, State or foreign country) Ky

MAIDEN NAME OF MOTHER Martha Reid

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) T J Ayres

(ADDRESS) Bowling Green Mo

Filed April 28, 1915 Lud Williams REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 26, 1915 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from March 24, 1915, to to April 25, 1915, that I last saw her alive on April 25, 1915, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

23A

(Duration) yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) J R Shotwell M. D.

April 28, 1915 (Address) Cunyville 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 Spencersburg Cemetery

DATE OF BURIAL April 28, 1915

UNDERTAKER Walter Elmore

ADDRESS Bowling Green Mo