JUL 27 1927

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

Do not use this space.

18678

1. PLACE OF DEATH

County: Johnson — Registration District No.: 14 — File No.:

Township: Jefferson — Primary Registration District No.: 5587 — Registered No.: 4

City: (No. , St. Ward)

2. FULL NAME: Samilda Ann Gray

(a) Residence. No. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: G. R Gray

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 27 - 1850

7. AGE: Years 76 | Months 11 | Days | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): Housekeeper
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY): West Virginia

PARENTS

10. NAME OF FATHER: Peter Mills

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Virginia

12. MAIDEN NAME OF MOTHER: Lydia Simon

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Ohio

14. INFORMANT: G. R Gray
(Address): Windsor Mo R.R.D.

15. Filed June 29, 1927 — Registrar

MEDICAL CERTIFICATE OF DEATH

1

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 26 1927

17. I HEREBY CERTIFY, That I attended deceased from June 24, 1927, to June 26, 1927 that I last saw her alive on June 26, 1927 and that death occurred, on the date stated above, at 5 a.m.

THE CAUSE OF DEATH*, WAS AS FOLLOWS:
Meningitis
TPA
(duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

710

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?

O DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) L. A. Blackmore, M. D
6-27, 1927 (Address) Windsor, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Windsor Mo — DATE OF BURIAL: July 29 1927

20. UNDERTAKER: Chas A Carter — ADDRESS: Windsor Mo

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.