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.

JAN 13 1928

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

Do not use this space.

36413

1. PLACE OF DEATH
County Dekalb Registration District No. 269 File No.
Township ~~Camden~~ Primary Registration District No. 4108 Registered No.
City Maysville (No. St. Ward)

2. FULL NAME Margaret Emiline Bray
(a) Residence. No. St., Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
F	W	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James L. Bray

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 6 1853

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	74	10	2	

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)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Morgan County
(STATE OR COUNTRY) Ind.

PARENTS
10. NAME OF FATHER Lewis M. Harmon
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Tenn.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Francis Miller
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Tenn.
(STATE OR COUNTRY)

14. INFORMANT Alice Bray
(Address) Maysville Missouri

15. FILED 12/9 1927 J. Q. Phelps REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 8 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec 7 1927, to Dec. 8 1927
that I last saw h[illegible] alive on Dec 8, 1927, and that death occurred, on the date stated above, at 3 30 a. m.
THE CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage
[illegible]
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 74a
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) Henry P. Jenkins, M. D
, 19 (Address) Maysville 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 Maysville Cem.
DATE OF BURIAL 12/9 1927

20. UNDERTAKER J. L. Davis
ADDRESS Maysville Mo.