

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

Do not use this space.

20126

1. PLACE OF DEATH

County Wass
Township Goldwater
City Drexel

Registration District No. 157
Primary Registration District No. 4085

File No. _____
Registered No. 10
St. _____ Ward _____

2. FULL NAME

Mary Hawthorne 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF M. L. Gray

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec-18 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
51 | 5 | 28

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

9. BIRTHPLACE (CITY OR TOWN) Holden
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER C. E. Lewis
11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Kex
12. MAIDEN NAME OF MOTHER Mary Hawthorne
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Kex

14. INFORMANT Mrs. Walker Lewis
(Address) Holden - Mo.

15. FILED 6-17-28 John S. Bundy
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 16 1928

17. I HEREBY CERTIFY That I attended deceased from Nov. 1, 1926, to June 16, 1928 that I last saw h. ev. alive on June 16, 1928, and that death occurred, on the date stated above, at 4:45 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Parenchyma of Breast -
generalized metastases.

50 (duration) 4 yrs. mos. da.

CONTRIBUTORY (SECONDARY) 47
(duration) ____ yrs. mos. da.

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

3 DID AN OPERATION PRECEDE DEATH? Yes DATE OF 1925
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) B. O. Hartwell, M. D.
, 19 ____ (Address) Drexel 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 Holden Mo DATE OF BURIAL June 17 1928

20. UNDERTAKER B. O. Hartwell ADDRESS Drexel Mo

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.

