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

Do not use this space.

34611

1. PLACE OF DEATH

County St. Francois — Registration District No. 779 — File No.

Township Randolph — Primary Registration District No. 6024a. — Registered No.

City Cantwell (No. ..... St. ..... Ward)

2. FULL NAME Laura Agnes 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: William C. Gray

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mar. 5 - 1870

7. AGE: Years 58. Months 7 Days 4 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housewife 47E 23A

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Glover Mo.

PARENTS

10. NAME OF FATHER: Joseph Huff

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

12. MAIDEN NAME OF MOTHER: Mary J. Shepherd

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

14. INFORMANT: William C. Gray (Address) Greenville Mo.

15. FILED 10-10-, 1928 R. B. Lester REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct. 9 — 1928.

17. I HEREBY CERTIFY, That I attended deceased from Oct 9, 1928, to Oct 9th, 1928 that I last saw h..... alive on ..... 19..., and that death occurred, on the date stated above, at Oct. 9, 1928 = 5:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Daughter Mrs. L. W. French says Dr. L. M. Fuller stated death due to cancer of lungs. Probably also Pul. TB. Dr. Fuller is out of town. (duration) 6 yrs. ..... mos. ..... ds.

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? Dr. Fuller passivated both pleura

DID AN OPERATION PRECEDE DEATH? ..... DATE OF 10/8/28

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. W. Johnston, M. D.

10-10-, 1928, (Address) Flat River, 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: Glover Mo — DATE OF BURIAL: Oct. 10 1928

20. UNDERTAKER: C. Z. Boyer — ADDRESS: Desloge Mo.