

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

Do not use this space.

86

**1. PLACE OF DEATH**

County Barton  
Township Lamar  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 40  
Primary Registration District No. 5058

File No. \_\_\_\_\_  
Registered No. 4 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Mary E. 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. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

Female

**4. COLOR OR RACE**

White

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

widow

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**

John W. Gray

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

June 17-1842

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

87

6

7

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work.

Keeping House

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

at home

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

Missouri

**10. NAME OF FATHER**

O. J. Walker

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Virginia

**12. MAIDEN NAME OF MOTHER**

Ann Wells

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Kentucky

**14. INFORMANT**

(Address)

John W. Gray  
Lamar, Mo. R.F.D.

**15. FILED**

2-5-30 O. J. Myratt  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Jan. 14 1930

**17. I HEREBY CERTIFY, That I attended deceased from** Jan 9 1930 to Jan 14 1930  
**that I last saw her** alive on Jan 13 1930 and that death occurred, on the date stated above, at 8-20 A. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Broncho Pneumonia  
11A  
157A flu. (duration) yrs. mos. 2 ds.  
CONTRIBUTORY (SECONDARY) (duration) yrs. mos. 10 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) C. E. Duckett, M. D.

Jan 14, 1930 (Address) Lamar, 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**

**DATE OF BURIAL**

Fashion Cem. Jan. 16 1930

**20. UNDERTAKER**

**ADDRESS**

E. W. Cross Lamar - Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY. Exact statement of OCCUPATION is very important.

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RECEIVED

