CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 18 19

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

755

1. PLACE OF DEATH
County: Dunklin
Township:
City: Campbell (No. ..., ... St. ..... Ward)
Registration District No. 282
Primary Registration District No. 4166
File No.
Registered No. 1

2. FULL NAME: Eliza Ann Bray
(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: Fem
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Maried
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: C.C. Bray
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 10-1862
7. AGE: 68 YEARS, 0 MONTHS, 22 DAYS. If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House Keeper
(b) General nature of industry, business, or establishment in which employed (or employer): 235
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn 2

PARENTS
10. NAME OF FATHER: Gibson Goldsmith
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Tenn
12. MAIDEN NAME OF MOTHER: — Beasley
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Tenn

14. INFORMANT: C C Bray
(Address): Campbell
15. FILED 1/1, 1930 E W Landers, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 1 1931
17. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1930 to Jan 1, 1931 that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 9.30 a.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS: Carcinoma of Stomach
(duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY): 46B
(duration) ..... yrs. ..... mos. ..... ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? ..... DATE OF ..... (1)
WAS THERE AN AUTOPSY? no —
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) John L Brown, M. D
, 19 (Address) Campbell 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: Rocky Hill Cem
DATE OF BURIAL: 1/2 1931
20. UNDERTAKER: E W Landers
ADDRESS: Campbell