

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

Do not use this space.

1926-A

1. PLACE OF DEATH

35 County Linn
Township 1
City Marionville

Registration District No. 468
Primary Registration District No. 4281

File No. _____
Registered No. 4
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

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 G. J. Gray Widowed

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 9 1888

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>42</u>	<u>9</u>	<u>3</u>	

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) 295
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Searcy Co. Ark
(STATE OR COUNTRY)

10. NAME OF FATHER Wiley Cree

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Georgia
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Messie Kinder

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) White Co. Ark.
(STATE OR COUNTRY)

14. INFORMANT Mrs. Fenton Coleman
(Address) Springfield Mo

15. FILED 3-28-1931 R. Andrews
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 12 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1931, to Jan 12, 1931, that I last saw her alive on Jan 12, 1931, and that death occurred, on the date stated above, at 8 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza
HA
109A
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Pneumonia
(duration) yrs. mos. ds. 4

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

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) W. M. Healdner, M. D.
. 19 (Address) Marionville 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 Weta Mo
DATE OF BURIAL Jan 14 1931

20. UNDERTAKER Bradford
ADDRESS Marionville

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.

APR 23 1931

PARENTS

