

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

Do not use this space.

15687

20

1. PLACE OF DEATH

27 County Cooper Registration District No. 219
 3 Township Kelly Primary Registration District No. 4132
 3 City Bunceton (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 174

2. FULL NAME Aggie Gray

(a) Residence. No. Bunceton, Mo. St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 6 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 Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

Charles Gray

6. DATE OF BIRTH (MONTH, DAY AND YEAR) January 1832

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
99 11

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)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Virginia
 (STATE OR COUNTRY)

10. NAME OF FATHER Bob Wright

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

12. MAIDEN NAME OF MOTHER Aggie Wright

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

14. INFORMANT Penda Jackson
 (Address) Bunceton, Mo

15. FILED 9 1932 Holly Peyton REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 18 1932

17. I HEREBY CERTIFY, That I attended deceased from 1930

19____, to _____, 1931
 that I last saw her alive on _____, 1932, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Fracture of Throat
caused by fall

CONTRIBUTORY (SECONDARY) Senile Debility
several years (duration) yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: NO

DID AN OPERATION PRECEDE DEATH: NO DATE OF _____

WAS THERE AN AUTOPSY: NO

WHAT TEST CONFIRMED DIAGNOSIS:

(Signed) W. H. Ceight M. D.

, 19 (Address) Bunceton 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 Bunceton Cemetery DATE OF BURIAL May 20 1932

20. UNDERTAKER L. G. Parker, Bunceton, Mo ADDRESS

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.

JUN 21 1934

PARENTS

