

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

Do not use this space.

26787

1. PLACE OF DEATH
 47 County Jackson Registration District No. 411
 7 Township Holmes Primary Registration District No. 2002
 5 City Joplin (No. _____) St. _____ Ward _____
 2. FULL NAME Annous Lee Gray
 (a) Residence, No. 354 1/2 Oak Ridge Drive St. Johns Hospital
 (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 Hugh F. Gray
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 10 1905
 7. AGE YEARS 28 MONTHS 4 DAYS 21 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

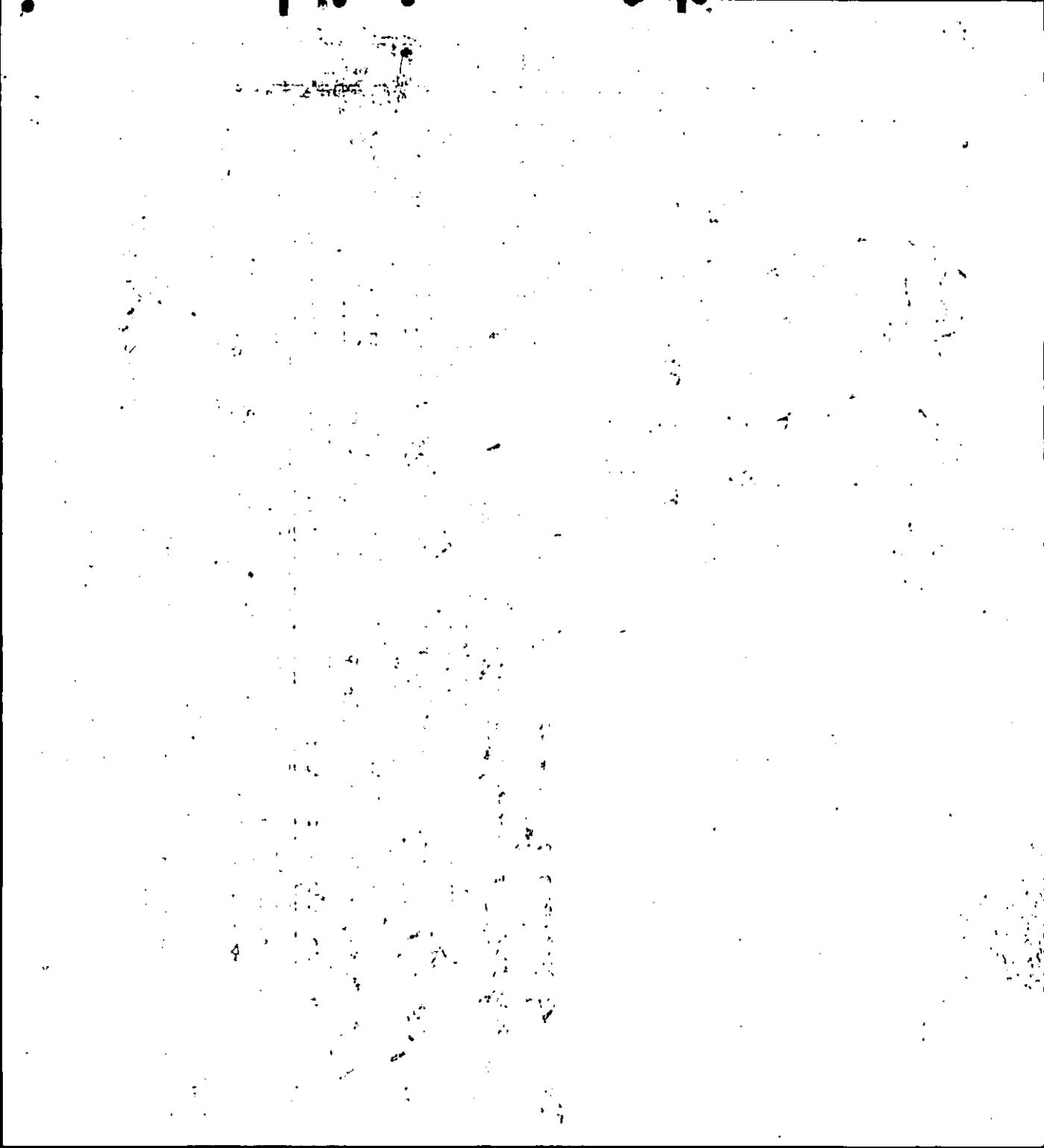
MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 31 1933
 22. I HEREBY CERTIFY, That I attended deceased from Aug 22, 1933 to Aug 31, 1933
 I last saw her alive on Aug 31, 1933 Death is said to have occurred on the date stated above, at 2:42 p.m.
 The principal cause of death and related causes of importance were as follows:
Intestinal Obstruction Date of onset _____
following tortuosity _____
 Other contributory causes of importance:
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased?
 If so, specify @ St. Johns Hospital
 (Signed) J. H. Bailey, M. D.
 (Address) Joplin Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oklahoma
 13. NAME J. T. Davis
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois
 15. MAIDEN NAME Ada Davenport
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
 17. INFORMANT E. S. Humminger
 (ADDRESS) _____
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Sub Hope DATE Sept 3rd 1933
 19. UNDERTAKER Frank - Stevens Co
 (ADDRESS) Joplin Mo
 20. FILED 9 2 33 E. D. Jones
 Registrar.

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.

7055 SEP 26 1933



**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Jasper
Township Joplin
City Joplin (No.)

Registration District No. 411
Primary Registration District No. 2102

File No.
Registered No.
St. Ward

2. FULL NAME

(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 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 19 Ed James Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 31 19 33

22. I HEREBY CERTIFY, That I attended deceased from to, 19.....

I last saw him alive on 19..... Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Infectious Abstriction following Peritonitis Date of onset 12/1/33

Other contributory causes of importance:

Appendicitis

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Ed James, M. D.
(Address) Joplin, Mo.

SUPPLEMENTARY

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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