

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

Do not use this space.

1641

FEB 27 1934

PLACE OF DEATH

County Jasper
Township Wiley
City Wiley (No.)

Registration District No. 417
Primary Registration District No. 3021

File No.
Registered No. 7
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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25 1862

7. AGE YEARS 71 MONTHS 5 DAYS 22 IF LESS than 1 day, hrs. or min.

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

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) Delaware County (STATE OR COUNTRY) Missouri

13. NAME Dr. Gray

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

15. MAIDEN NAME Eliza Howard

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

17. INFORMANT Judge Howard Gray (ADDRESS) Worth St. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Park Cemetery DATE Jan 17 1934

19. UNDERTAKER Wiley City Burial Co. (ADDRESS) Wiley Mo.

20. FILED 1-17 19 34 J. K. Ceraury Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 16 1934

22. I HEREBY CERTIFY That I attended deceased from January 1 1934, to January 16 1934.

I last saw her alive on January 15 1934. Death is said to have occurred on the date stated above, at 12.21 m.

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

Brucopneumonia Date of onset 1-11-34

Other contributory causes of importance: 107 u

Name of operation 8 Date of
What test confirmed diagnosis? Was there an autopsy? Yes

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? No

If so, specify
(Signed) J. K. Ceraury, M. D.
(Address) Wiley Mo.

49117
CAUSE OF DEATH IN plain terms, so that it may be properly classified.

