

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

Do not use this space.

8369

1. PLACE OF DEATH

29 County Rade
Township folk
City Easton - R. 1 (No., St. Ward)

Registration District No. 235
Primary Registration District No. 5322

File No.
Registered No. 11

2. FULL NAME Millie Gerline 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. 3 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) widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Bray
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June - 8 - 1858
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 9 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housekeeper
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) Greene County Missouri

13. NAME Stephen Blakey

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

15. MAIDEN NAME Sallie Kelley

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

17. INFORMANT Mrs. P. B. McKinney (ADDRESS) Wheeler Co. Mo. R. 1

18. BURIAL, CREMATION, OR REMOVAL PLACE Wheeler County DATE March - 18 1934

19. UNDERTAKER Prim Funeral Home (ADDRESS) Walnut Grove Mo.

20. FILED March 24 1934 Morris Miller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11:30 a.m. 3/10 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 10 - 1934, to Mar 16 - 1934
I last saw her alive on Mar 14 - 1934. Death is said to have occurred on the date stated above, at 11:30 a.m.

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

Cancer of neck & throat Date of onset 1-1-1934
53E

Other contributory causes of importance:

Name of operation none 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) J. B. Smith, M. D.
(Address) Wheeler County Mo.

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.

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