WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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 20 1934

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

Do not use this space.

1. PLACE OF DEATH
County Carroll — Registration District No. 136 — File No. 16020
Township De Witt — Primary Registration District No. 5194 — Registered No. 11
City De Witt (No. ..., ... St. ..... Ward)

2. FULL NAME SUSAN IOA GRAY
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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.

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 John F Gray

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July-19-1871

7. AGE — YEARS 62 — MONTHS 9 — DAYS 28 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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. Housework
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) Carroll Co. Mo.

FATHER
13. NAME Jefferson Bryant
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER
15. MAIDEN NAME Martha Jones
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll Co Mo.

17. INFORMANT (ADDRESS) Mrs. Wm. Adkins De Witt Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE De Witt Mo DATE May 18 1934

19. UNDERTAKER (ADDRESS) L W Bussel Bruneswick Mo

20. FILED May 18, 1934 Calvin Hickerson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1934 to May 16, 1934
I last saw her alive on May 16, 1934 Death is said to have occurred on the date stated above, at 1:45 p.m.
The principal cause of death and related causes of importance were as follows:
Pernicious Anemia — Date of onset
Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

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) A. G. Ross Brown M. D.
(Address) Bosworth Mo