DEC 1 3 1934

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

Do not use this space.

38080

File No. 10638

Registered No.

1. PLACE OF DEATH

County St. Marys Infirmary Registration District No.

Township Primary Registration District No.

City St. Louis (No. St. Ward)

2. FULL NAME Maggie Gray

(a) Residence, No. 1209 Nth 21st St., 21 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 Female

4. COLOR OR RACE Col.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1881

7. AGE YEARS About 53 MONTHS — DAYS — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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. Laundress

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) Evansville, Ind.

FATHER

13. NAME Wm Jones

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

MOTHER

15. MAIDEN NAME Georgia Davis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Evansville, Ind.

17. INFORMANT (ADDRESS) George Gray 1209 Nth 21st St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Greenwood DATE 11-5th 1934

19. UNDERTAKER (ADDRESS) W. C. Gordon Und Co. 2649-51 Delmar Blvd.

20. FILED NOV -5 1934 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-31, 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-29-34, 19..., to 10-31-34, 19...

I last saw her alive on 10-31-34, 19... Death is said to have occurred on the date stated above, at 6.50 p.m.

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

Carcinoma of Bladder

53B 53

Date of onset

Other contributory causes of importance:

Inanition

Asthenia

Name of operation Date of

What test confirmed diagnosis? Cystoscope 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? No

If so, specify

(Signed) James E. Jackson, M. D.

(Address) 1536 Papin St.

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.