

NOV 26 1935

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

Do not use this space.

33578

File No. 309  
Registered No. 668  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 1. PLACE OF DEATH

County Pettis  
Township \_\_\_\_\_  
City Selalia (No. \_\_\_\_\_)

Registration District No. 668  
Primary Registration District No. 3032

## 2. FULL NAME

Mary Mildred Gray  
(a) Residence, No. 2209 Johnson St., \_\_\_\_\_ Ward.

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 10 1911

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
24 9 23

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) Cooper County

13. NAME Lourence Gray

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

15. MAIDEN NAME Maggie Williams

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

17. INFORMANT (ADDRESS) Lucy Morgan  
2209 Johnson St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Burton DATE Oct 6 1935

19. UNDERTAKER (ADDRESS) Price Alexander  
Quow Cooper Street

20. FILED Oct 5 1935 Frank Slack Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-3- 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 1<sup>st</sup> 1935 to October 3<sup>rd</sup> 1935  
I last saw her alive on October 3 1935. Death is said to have occurred on the date stated above, at 3a.m.  
The principal cause of death and related causes of importance were as follows:

Date of onset

Dementia Chronic  
1070

Other contributory causes of importance:

Broncho Pneumonia

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis Smear 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. P. Waldox, M. D.

(Address) 616 S.W. Main

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.

