

MAR 20 1936

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

Do not use this space.

6609

1. PLACE OF DEATH

County Lawrence Registration District No. 468 File No. _____
Township Buckhorn Primary Registration District No. 5629 Registered No. 9
City Marionville (No. _____) St. _____ Ward _____

2. FULL NAME Mary Elizabeth Gray

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 11 - 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 11 29

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

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) Lawrence Co. Missouri13. NAME Johnson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) don't know15. MAIDEN NAME Elizabeth Johnson16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Tenn17. INFORMANT (ADDRESS) J. M. White Marionville Mo18. BURIAL, CREMATION, OR REMOVAL PLACE W. H. Olyps DATE 2-8-3619. UNDERTAKER (ADDRESS) A. S. Wallace Marionville Mo20. FILED 3-10 1936 Laura C. Connady Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 7th 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 3rd 1936 to Feb 7th 1936
I last saw h. er alive on 4th 1936 Death is said to have occurred on the date stated above, at 5:30 a.m.

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

Senility

Date of onset

Other contributory causes of importance:

Name of operation _____ 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) W. M. Holmes M. D.(Address) Marionville 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.

