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.

SEP 24 1936

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

Do not use this space.

31380

1. PLACE OF DEATH
County Jasper — Registration District No. 411 — File No.
Township — Primary Registration District No. 2002 — Registered No.
City Joplin (No. , Freeman Hosp. St. Ward)

2. FULL NAME Anna May Gray
(a) Residence, No. 731 Empire St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: W. J. Gray

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 3, 1891

7. AGE: YEARS 45 — MONTHS 3 — DAYS 16 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife
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): Joplin MO.

FATHER
13. NAME: John Harrington
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis MO

MOTHER
15. MAIDEN NAME: Anna Harrington
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): MO.

17. INFORMANT (ADDRESS): W. J. Gray Joplin MO

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE: Fairview Cem. DATE: 8-21-36

19. UNDERTAKER (ADDRESS): Hullett Mud Co Joplin MO

20. FILED 8-22, 1936 Ed D James Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8-19-36, 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 16, 1936, to Aug 19, 1936
I last saw her alive on Aug 19, 1936. Death is said to have occurred on the date stated above, at 11-50 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Heat prostration	8/16/36

Other contributory causes of importance:
Acute endocervicitis
Cerebrospinal lues

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? no — 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 none
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) S. H. Grantham Jr. M. D.
(Address) 424 Byers