

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

Do not use this space.

JUN-16 1937

19330

1. PLACE OF DEATH
 County Berry Registration District No. 31
 Township Purdy Primary Registration District No. 4022
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Mary Elizabeth Gray
 (a) Residence, No. P.O. Box Purdy 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)

File No. 19
 Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-25-1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>75</u>	<u>6</u>	<u>17</u>	

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

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) Red Fork Arkansas

13. NAME William White

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

15. MAIDEN NAME Mary Jones

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

17. INFORMANT Viola Beeler (ADDRESS) Purdy, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Int Pleasant DATE 5-16- 1937

19. UNDERTAKER Koon Funeral Home (ADDRESS) Cassville, Mo.

20. FILED May 18 1937 Donald Blankenship Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-12 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-9-37, 1937, to 5-12- 1937
 I last saw her alive on 5-9- 1937. Death is said to have occurred on the date stated above, at 1:00 P.M.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
 Date of onset 5-1-36

Other contributory causes of importance:
Scurvy A3C

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) J. B. Baldwin M. D.
 (Address) Purdy, Mo.

Exact statement of OCCUPATION is very important.

