

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.

DECEASED JAN 23 1939

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

4289  
Do not use this space.

**1. PLACE OF DEATH**

(a) County Wright Registration District No. 907  
 (b) Township Pleasant Valley Primary Registration District No. 6220  
 (c) City Mansfield (d) Street No. \_\_\_\_\_ St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 70 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** BETSY E. GRAY

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>F</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>WIDOW</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>ROBERT GRAY</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>MAR. 16 - 1850</u>		
7. AGE	YEARS <u>88</u>	MONTHS <u>9</u>
	DAYS <u>15</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>HOUSEWIFE</u>	11. Total time (years) spent in this occupation. <u>Life</u>
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year) <u>Aug 1934</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>JACKSON MISSISSIPPI</u>		
FATHER	13. NAME <u>CHAS. DAVIS</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>NOT KNOWN</u>	
MOTHER	15. MAIDEN NAME <u>RACHEL REYNOLDS</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>NOT KNOWN</u>	
17. INFORMANT <u>MRS. JOE ROWE</u> (ADDRESS) <u>MANSEFIELD MO.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>MACOMB Cem.</u> DATE <u>JAN 3</u> , 19 <u>39</u>		
19. FUNERAL DIRECTOR <u>F. A. STEFFE</u> (ADDRESS) <u>MANSEFIELD MO.</u>		
20. FILED <u>Jan. 3</u> , 19 <u>38</u> <u>J. M. Short</u> Local Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 1, 1939

22. I HEREBY CERTIFY that I attended deceased from Dec 23, 1938, to Jan 1, 1939.  
 I last saw her alive on Jan 7, 1939. Death is said to have occurred on the date stated above, at 7 P. m.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral Apoplexy  
Chronic Arterial Heart Disease  
 Date of onset Jan 1939

Other contributory causes of importance:  
None

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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) W. A. Zimmerman  
835 (Address) Mansfield Mo.

**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

\_\_\_\_\_ L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**