

REC'D JUN 20 1938

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

Do not use this space.

## 1. PLACE OF DEATH

County Henry Registration District No. 349  
Township Springfield Primary Registration District No. 5-5-00  
City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 18367Registered No. 10

## 2. FULL NAME

Laura E. Gray 600  
(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 F 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 John R. Gray

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 19, 1855

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
82 8 4

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) Calhoun Missouri

13. NAME David Johnson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard County Mo

15. MAIDEN NAME Jane Bradley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard County Mo

17. INFORMANT Mrs Mattie Chalmers  
(ADDRESS) Calhoun Mo. R.R.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Olive DATE 4/25 1938

19. UNDERTAKER Spare & son  
(ADDRESS) Clinton Mo.

20. FILED 4-24, 1938 Mrs. R. L. Gray  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 4, 1936, to August 31, 1936

I last saw her alive on August 31, 1936 Death is said

to have occurred on the date stated above, at 4:30 p.

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

Fractured surgical neck of humerus - Jan. 1936 Date of onset 1936

Cardiac Deafness

Other contributory causes of importance: \_\_\_\_\_

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

What test confirmed diagnosis Clinical 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) Dr. Lloyd C. Powell M. D.

314 (Address) Clinton, Mo.

N.B.—Every item of information should be carefully supplied. AGS 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.

