

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

Do not use this space.

40488

File No. 124
Registered No. 218
St. _____ Ward _____

1. PLACE OF DEATH

County Cooper
Township _____
City Boonville Mo. (No. _____)

Registration District No. 218
Primary Registration District No. 2015

2. FULL NAME Mrs. Nannie 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 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 22"/1956.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
75 4 25

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) Overton Mo.

FATHER 13. NAME Ephriam Broyles.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nashville Tenn.

MOTHER 15. MAIDEN NAME Elvira Vaughn.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Overton Mo.

17. INFORMANT (ADDRESS) Mrs. J. W. Osborn. Boonville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Boonville Mo. Walnut Grove Cemetery DATE Dec. 19" 1931

19. UNDERTAKER (ADDRESS) Goodman & Boller. Boonville Mo.

20. FILED Dec 18 1931 Gathussee Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 17" 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 9 - 1931, to Dec 17 - 1931.

I last saw her alive on Dec 16th - 1931. Death is said to have occurred on the date stated above, at 8:20 a.m.

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

Fractured hip Date of onset _____

1913
1945 1860

Other contributory causes of importance: _____

Name of operation none Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 12/9 1931

Where did injury occur? at her home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury fell same

Nature of injury Fractured hip

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) H. D. Duggins M. D.
(Address) Boonville, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

JAN 20 1932

V. NO. 2.

