

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

Do not use this space.

**1. PLACE OF DEATH**

10 County Boone Registration District No. 73  
 3 Township Columbia Primary Registration District No. 3006  
 8 City Columbia (No. ....) St. .... Ward)

File No. 148  
 Registered No. 20

**2. FULL NAME** Vivian Crosswhite Gray

(a) Residence. No. 111 N. 4th St. .... Ward. ....  
 (Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. 5 mos. 6 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 12<sup>th</sup> 1932

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

17. I HEREBY CERTIFY, That I attended deceased from Jan 28<sup>th</sup> 1932 to Jan 12<sup>th</sup> 1932, and that I last saw him alive on Jan 12<sup>th</sup> 1932, and that death occurred, on the date stated above, on or about Jan 12<sup>th</sup> 1932

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 16, 1910

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Strangulation at the hands of Elbert Gray.  
Homicide.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
20 / 5 / 6

CONTRIBUTORY (SECONDARY) Homicide  
 (duration) 7 yrs. 0 mos. 0 ds.

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work. book (private family)  
 (b) General nature of industry, business, or establishment in which employed (or employer). 231  
 (c) Name of employer

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH. X

9. BIRTHPLACE (CITY OR TOWN) Columbia  
 (STATE OR COUNTRY) Missouri

9 DID AN OPERATION PRECEDE DEATH? X DATE OF Jan 12<sup>th</sup> 1932

10. NAME OF FATHER Robert Crosswhite

10 WAS THERE AN AUTOPSY? Yes - coroner's inquest  
 WHAT TEST CONFIRMED DIAGNOSIS? Verdict of jury  
 (Signed) E. H. Davis, Coroner, M.D.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Boone County  
 (STATE OR COUNTRY) Missouri

11/30/1932 (Address) Columbia Mo.

12. MAIDEN NAME OF MOTHER Mamie Johnson

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Boone County  
 (STATE OR COUNTRY) Missouri

14. INFORMANT Mamie Crosswhite  
 (Address) Columbia Missouri

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Galvary Cemetery DATE OF BURIAL 1-31 1932

15. FILED 1/30 1932 F. C. Suggatt  
 REGISTRAR  
By Allie Selby

20. UNDERTAKER Stuart T. Parker ADDRESS Columbia Mo.

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.

FEB 29 1932

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Boone

Registration District No. 73

Township

Primary Registration District No. 2006

City Columbia (No. \_\_\_\_\_)

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Viola Crosswhite 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 F 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 6 - 1910

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
21 | 5 | 6

OCCUPATION

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

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jun 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw h..... alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_m.

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

Date of onset

Other contributory causes of importance:

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) \_\_\_\_\_, M. D.  
(Address) \_\_\_\_\_

**SUPPLEMENTARY**

12. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE \_\_\_\_\_ DATE \_\_\_\_\_, 19\_\_\_\_

19. UNDERTAKER (ADDRESS)

20. FILED 3/10/32 Allie Selby Registrar

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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