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.

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

Do not use this space.

JAN 14 1935

1. PLACE OF DEATH
County Butler — Registration District No. 89 — File No. 42124
Township — Primary Registration District No. 3007 — Registered No. 258
City Poplar Bluff (No. ..... St. ..... Ward)

2. FULL NAME Zetie Grays
(a) Residence, No. Valley St., ..... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 8, 1904

7. AGE — YEARS: 30 — MONTHS: 3 — DAYS: 0 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House work
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): Arkansas

FATHER
13. NAME: Joe Hegwood
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Arkansas

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): F. C. Grays (brother in law) Little Rock, Ark.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE City cemetery DATE Dec. 11, 1934

19. UNDERTAKER (ADDRESS): Greer Undertaking Co. Poplar Bluff, Missouri

20. FILED 12/10, 1934 O. C. Cutsinger Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1934 to Dec 8, 1934
I last saw her alive on Dec 1, 1934. 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:

Puerperal fever — Date of onset about Nov 28/34

Other contributory causes of importance:

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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) Alfred Brown, M. D.
(Address) Coplan Bluff Mo