SEP 16 1937

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

Do not use this space.

1. PLACE OF DEATH
County Cooper
Township Kelly
City Bunceton (No. ..... St. ..... Ward)

Registration District No. 219
Primary Registration District No. 4132

File No. 30512
Registered No. .....

2. FULL NAME Patience Gray
(a) Residence. No. ..... St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred Life 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 Jacob Gray

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

7. AGE Years About 70 Months Days If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) Cooper County
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Charles Gray
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Unknown

14. INFORMANT Oscar Gray
(Address) Burlington Iowa

15. FILED 4-26 1937 Hattie Paxton
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 19 1937

17. I HEREBY CERTIFY, That I attended deceased from not attended, 19—, to —, 19..., that I last saw h— alive on not seen alive by me 19..., and that death occurred, on the date stated above, at about 8 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis

(duration) not known yrs. mos. ds.

CONTRIBUTORY (SECONDARY) —
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH —
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) J. C. Tincher, M.D.
April 22, 1937 (Address) Coroner of Cooper County Boonville, Mo.

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bunceton, Mo
DATE OF BURIAL 4-24 19..

20. UNDERTAKER Parker Funeral Service
ADDRESS Bun...

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.