

JAN 17 1938

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

Do not use this space.

1. PLACE OF DEATH

County Christian Registration District No. 184  
Township N. Gallatin Primary Registration District No. 5256  
City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 45072  
Registered No. 40

2. FULL NAME

(a) Residence, No. \_\_\_\_\_ 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 OR (OR) WIFE OF M. T. Gray

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 11 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
79 10 4

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

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) Missouri

13. NAME J. Blanche Slay

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

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) M. T. Gray

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Salmon Cemetery Dec 16 1937

19. UNDERTAKER (ADDRESS) T. B. Chaffin

20. FILED Jan 8 1937 Luella Leonard Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 14 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 23, 1935, 19\_\_\_\_, to Dec. 13, 1937, 19\_\_\_\_

I last saw her alive on Dec. 13, 1937 Death is said to have occurred on the date stated above, at 6 P. M.

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

Chronic valvular disease of heart. Date of onset \_\_\_\_\_

Other contributory causes of importance: None

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? Physical Was there an autopsy? No.

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. T. Nasson, M. D.

(Address) Nixa, 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.

