AUG 30 1937

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

Do not use this space.

1. PLACE OF DEATH
County St Francois
Township Randolph
City Centerville (No. , St. , Ward)

2. Registration District No. 779
Primary Registration District No. 6527a

File No. 28249
Registered No.

2. FULL NAME Nellie Ann Grayson

(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 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: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED
~~HUSBAND OF~~ (OR) WIFE OF B. O Grayson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 27 1870

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
2	67	2	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
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) Near Sprott Mo

FATHER
13. NAME J. M Hughes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Sprott Mo

MOTHER
15. MAIDEN NAME Isabell Macley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Galesburg Co. Ohio

17. INFORMANT (ADDRESS) Walter Grayson

18. BURIAL, CREMATION, OR REMOVAL
PLACE Park View DATE 7/28 19 37

19. UNDERTAKER (ADDRESS) C. J. Boyd Fredge Mo

20. FILED 8/10 19 37 W. P. Pluckhahn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27 1937

22. I HEREBY CERTIFY That I attended deceased from 7/27 1937, to 7/27 1937
I last saw her alive on 7/27 1937. Death is said to have occurred on the date stated above, at 11 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
acute Gastro Enteritis	7/26 37

59

Other contributory causes of importance:

Diabetes mellitus	1927

Name of operation — 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? — 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? No
If so, specify
(Signed) W. O Dunaway, M. D.
(Address) Desloge 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.

WRITE PLAINLY—WITH UNFADING INK—THIS IS A PERMANENT RECORD