

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

Do not use this space.

13318

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. _____
 Township Jaw Primary Registration District No. 1002 Registered No. 1648
 City Jennas City (No. 3632 Wynndotte) St. _____ Ward _____

2. FULL NAME

Alexander Russell Grant
 (a) Residence. No. 3632 Wynndotte St. 5 Ward. _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 5 yrs. 5 mos. _____ How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Charlotte C. T. Grant</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Aug 7, 1877</u>		
7. AGE	YEARS <u>55</u>	MONTHS <u>8</u>
	DAYS <u>4</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Minister</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____		
9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>New York</u>		
PARENTS	10. NAME OF FATHER <u>Abraham H. Grant</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>New York</u>	
	12. MAIDEN NAME OF MOTHER <u>Julia Grant</u>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>New York</u>	
14. INFORMANT <u>Mrs Charlotte Grant</u> (Address) <u>3032 Wynndotte</u>	15. FILED <u>4-12-1928</u> <u>M. M. Crowe</u> REGISTRAR	

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 11 1928

17. I HEREBY CERTIFY, That I attended deceased from Apr 10 1928, to Apr 11 1928 that I last saw h. l. a. a. alive on Apr 11 1928, and that death occurred, on the date stated above, at 7:30 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
8 1/2 hr (duration) _____ yrs. _____ mos. _____ da.

CONTRIBUTORY (SECONDARY) 7 1/2 hr (duration) _____ yrs. _____ mos. _____ da.

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? Physical Findings
 (Signed) A. O. Thomas, M. D.
4-11-1928 (Address) 915 arycy

*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 Ferguson & Vanux DATE OF BURIAL 4/13/1928
Revering

20. UNDERTAKER The Ferguson Mortuary ADDRESS 42nd & Baltimore

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.

