

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

Do not use this space.

JAN 28 1929

42233

1. PLACE OF DEATH

County St. Clair Co. Registration District No. 761
 Township Appleton Primary Registration District No. 4456
 City Appleton City (No.) St. Ward)

2. FULL NAME

Grace M. Grider
 (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 white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF H. C. Grider

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 25, 1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
77 11 4

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) Wausau
 (STATE OR COUNTRY) Wisconsin

10. NAME OF FATHER David Nickerson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) New York
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Jane McKinney

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) New York
 (STATE OR COUNTRY)

14. INFORMANT M. D. Grider
 (Address) Appleton City, Mo.

15. FILED Jan 2, 1929 W. Cline M.D.
 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 29 19 28

17. I HEREBY CERTIFY, That I attended deceased from Dec. 25, 1928, to Dec. 29, 1928 that I last saw her alive on Dec. 28, 1928, and that death occurred, on the date stated above, at 12:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia
11A
107A

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

18. WHERE WAS DISEASE CONTRACTED

8 IF NOT AT PLACE OF DEATH:

DID AN OPERATION PRECEDE DEATH: DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS:

(Signed) W. Cline, M. D.

Dec. 29, 1928 (Address) Appleton City, 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 Appleton City, Mo. DATE OF BURIAL Dec. 29 19 28

20. UNDERTAKER W. H. Hervey ADDRESS Appleton City

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.

