

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

Do not use this space.

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1. PLACE OF DEATH

County Iron Registration District No. 392
Township Pilot Knob Primary Registration District No. 4231
City Pilot Knob (No. _____) St. _____ Ward _____

File No. _____
Registered No. 1
St. _____ Ward _____

2. FULL NAME

(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 <u>FM</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>Mont White</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Feb 8 - 1891</u>		
7. AGE YEARS <u>38</u>	MONTHS <u>11</u>	DAYS <u>20</u>
IF LESS than 1 day, _____ hrs. or _____ min.		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House wife

(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) Iron Co Mo

10. NAME OF FATHER William Grisham

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

12. MAIDEN NAME OF MOTHER Mandy Lovell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Iron County Mo

14. INFORMANT Mont White
(Address) Pilot Knob Mo

15. FILED Jan 29 1930 L. J. Effinger
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 28 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 6th 1929 to Jan 29 1930 that I last saw her alive on Jan 27 10⁰⁰ 1930 and that death occurred, on the date stated above, at _____ m.

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tubercular Phthisis
3/29/30
Chronic Diarrhoea
Subercular Infection
(duration) _____ yrs. mos. ds.
(Secondary) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? No. DATE OF _____

20. WAS THERE AN AUTOPSY? No.

21. WHAT TEST CONFIRMED DIAGNOSIS? None
(Signed) Edward E. Barlow, M. D.
1-29-1930 (Address) Worton 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 Pilot Knob Mo. **DATE OF BURIAL** Jan 29 1930

21. UNDERTAKER A. P. White & Son **ADDRESS** Worton

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.

FILED 18 1930

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