MAR 25 1930

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

Do not use this space.

4323

1. PLACE OF DEATH
County Carroll — Registration District No. 136 — File No.
Township — Primary Registration District No. 5194 — Registered No. 2
City Dewitt (No. , St. Ward)

2. FULL NAME Annie E. 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.

17
4
1

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.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: X X

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 7-25-1873

7. AGE: YEARS 56 — MONTHS 6 — DAYS 11 — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: at Home
(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): Dewitt Mo

PARENTS
10. NAME OF FATHER: James Grider
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Carroll Corno
12. MAIDEN NAME OF MOTHER: Melinda McWilliams
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: J. L. Grider
(Address) Dewitt Mo

15. FILED 2/7, 1930 Cal Hickerson REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 2-6 1930

17. I HEREBY CERTIFY, That I attended deceased from Feby 1, 1930, to Feby 5th, 1930, that I last saw her alive on Feby 5th, 1930 and that death occurred, on the date stated above, at 9 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Nephritis
1:1
78
(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Inflamatory Rheumatism
(duration) 3 yrs. mos. ds.

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?
(Signed) W. G. Brown Jr. M. D.
2/6, 1930 (Address) Brunswick 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: Evergreen Cem — DATE OF BURIAL: 2/7 1930

20. UNDERTAKER: Willis Bros — ADDRESS: Dewitt Mo