

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.

SEP 22 1930

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

Do not use this space.

26046

1. PLACE OF DEATH

County Callaway
Township Fulton
City Fulton

Registration District No. 104
Primary Registration District No. 3008

File No.
Registered No. 189
St. Ward

2. FULL NAME

William M. Grew

(a) Residence No. State Hosp # 1 Fulton, Mo St. Ward Unknown
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 31 yrs. 28 mos. 28 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Unknown

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or min.
67 — —

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(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) Unknown

10. NAME OF FATHER No Information
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER No Information
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Record of State Hosp # 1 (Address) Fulton, Mo.

15. Aug 19, 1930 R. N. Crees REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-19-1930

17. I HEREBY CERTIFY, That I attended deceased from Just 28 1930 to Aug 19 1930 that I last saw h. in alive on Aug 18 1930 and that death occurred, on the date stated above at 5:40 AM

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Peritonitis (unspecific cause)
129
57
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Dematitis Procerus
(Hepatitis) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? None
(Signed) C. C. Quitt, M. D.
. 19 (Address) Fulton, 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 University of Mo Anatomical Board DATE OF BURIAL OK 19
20. UNDERTAKER J. O. Roberts ADDRESS Columbia
Wm J. W. Kennedy Mo

