

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.

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

Do not use this space.

35227-1

1. PLACE OF DEATH

County North
Township North
City Grant City (No.)

Registration District No. 903

Primary Registration District No. 9545

File No.

Registered No. 29

St. Ward)

2. FULL NAME

(a) Residence. No.
(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 37 yrs.

mos.

ds.

How long in U.S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED OR
DIVORCED (write the word)

Married

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

Opie Atz

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

Dec. 8, 1853

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, ... hrs.
or min.

77

10

21

8. OCCUPATION OF DECEASED

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

Day laborer

(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)

Grimsen
Switzerland

10. NAME OF FATHER

Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

14. INFORMANT

(Address)

Opie Atz
Grant City

15. FILED

19

John Andreas

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Oct 29

1930

17.

I HEREBY CERTIFY, That I attended deceased from Oct

18, 1930 to Oct 28, 1930.

that I last saw him alive on Oct 28, 1930, and that
death occurred, on the date stated above, at 1:00 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza with
secondary

(duration) yrs. mos. 17 ds.

CONTRIBUTORY
(SECONDARY)

Age 160

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH?

DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) J. H. Swift

M. D.

10/31/1930 (Address) Grant 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

DATE OF BURIAL

Albany Cemetery

10/31/1930

20. UNDERTAKER

ADDRESS

Arch C. Duffee

Grant City

