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.

APR 21 1931

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

Do not use this space.

1. PLACE OF DEATH

County Callaway, Registration District No. 104 File No. 9022

Township Nine Mile, Primary Registration District No. 5164 Registered No. 56

City ..... (No. ....., ... St. ..... Ward),

2. FULL NAME Mary Sue Grant,

(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): Child,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct, 3rd, 1927

7. AGE: YEARS 3 | MONTHS 5 | DAYS 1 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Child,

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo,

FATHER

13. NAME Garrett Grant,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo,

MOTHER

15. MAIDEN NAME Mary Josephine Berry,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo,

17. INFORMANT (ADDRESS) Mrs, Claude Berry, Columbia, Mo,

18. BURIAL, CREMATION, OR REMOVAL

PLACE Old Auxvasse Church Mch, 4th, 1931

19. UNDERTAKER (ADDRESS) Herndon-Taylor Furn-Co, Fulton, Mo,

20. FILED 3-4-1931 R. N. Crews Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 4th, 1931

22. I HEREBY CERTIFY, That I attended deceased from Mar. 3rd. 1931, to Mar. 3rd. 1931, I last saw her alive on Mar. 3rd. 1931. Death is said to have occurred on the date stated above, at 9,15A m.

The principal cause of death and related causes of importance were as follows:

Poliomyelitis, following tonsillitis, 115A 16

Date of onset

Other contributory causes of importance:

16

Name of operation ..... Date of .....

What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Greene D. McCall, M. D.

(Address) Fulton M'o.