Clinton Co.

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

Do not use this space.

File No. 10339

Registered No.

1. PLACE OF DEATH
County Jasper
Township
City Carthage Mo (No. 912 Omer St. St. Ward)
Registration District No. 408
Primary Registration District No. 3020

2. FULL NAME Nara Jane Grappard
(a) Residence. No. 912 So Omer St., Ward.
(Usual place of abode)
(If nonresident give city or town and State)
Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

APR 23 1931

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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 3rd 1885

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
45	7	20	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Smith Brothers 50
(b) General nature of industry, business, or establishment in which employed (or employer) Overhalls Factory. x House Work
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Pattensburg
(STATE OR COUNTRY) Mo. 1

PARENTS
10. NAME OF FATHER John Salmon
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Martha Meller
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Unknown

14. INFORMANT Ora A. Grappard
(Address) 912 So Omer St.

15. FILED 3/6, 1931 E. H. Hetcham
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 23rd 1931

17. I HEREBY CERTIFY, That I attended deceased from August 1, 1930, to Mch 23, 1931 that I last saw her alive on Mch 23, 1931, and that death occurred, on the date stated above, at 1.25 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Primary Carcinoma Uterus
49
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) General Metastasis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? ✓
0 DID AN OPERATION PRECEDE DEATH? no DATE OF (1)
WAS THERE AN AUTOPSY? yes - confirmatory
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Lloyd B Clinton, M.D
3/23, 1931 (Address) Carthage 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 Park Cemetary.
DATE OF BURIAL 3/26 1931
20. UNDERTAKER Ulmer-Drake
ADDRESS Carthage