

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 28 1931

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

Do not use this space.
20392

1. PLACE OF DEATH *North*
County *North* Registration District No. *1112*
Township *Middleford* Primary Registration District No. *6213*
City (No. *1112*) Registered No. *1112*
St. *North* Ward *1*

2. FULL NAME *George Washington Grace*
(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 *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 *Thorbald Grace*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept 10-1869*

7. AGE YEARS *61* MONTHS *6* DAYS *3* If LESS than 1 day, _____ hrs. or _____ min.

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

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

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in occupation *lifetime*

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

FATHER
13. NAME *Jessie Grace*
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Gen*

MOTHER
15. MAIDEN NAME *Chry Cleveland*
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo*

17. INFORMANT *Thorbald Grace* (ADDRESS) *Gautshty rd*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Mellor Cemetery* DATE *5/16* 19*31*

19. UNDERTAKER *A. Andrews* (ADDRESS) *North rd*

20. FILED *5/14* 19*31* *A. Andrews* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 13 1931*

22. I HEREBY CERTIFY, That I attended deceased from *May 13*, 19*31*, to *May 13*, 19*31*.
I last saw him alive on *May 13*, 19*31*. Death is said to have occurred on the date stated above, at *7 P. m.*
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset _____
82A
J. J. W.
Other contributory causes of importance: _____

Name of operation *None* Date of _____
What test confirmed diagnosis? *A. Leonard* 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) *A. Andrews*, M. D.
(Address) *North Mo*

