

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

Do not use this space.

38273

1. PLACE OF DEATH
 County Macon Co Registration District No. 534
 Township Lingo Primary Registration District No. 5717
 City New Cambria St. _____ Ward _____
 2. FULL NAME Edna Marie Grable
 (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.

File No. _____
 Registered No. 14

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 4. COLOR OR RACE white
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Infant
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 22/1931
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
4 11
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work _____
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) New Cambria
 (STATE OR COUNTRY) Mo.
 10. NAME OF FATHER Roy Grable
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Bevier
 (STATE OR COUNTRY) Mo.
 12. MAIDEN NAME OF MOTHER Bessie Smith
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Macon Co, Mo.
 (STATE OR COUNTRY)

14. INFORMANT Roy Grable
 (Address) New Cambria, Mo.
 15. FILED 11-3-1931 G. T. Lunday
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 2 1931
 17. I HEREBY CERTIFY That I attended deceased from Oct. 25, 1931, to Nov 2, 1931, that I last saw her alive on Nov 2, 1931, and that death occurred, on the date stated above, at 9:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute enterocolitis
11915

CONTRIBUTORY (SECONDARY) HTA
 (duration) _____ yrs. _____ mos. _____ ds.
 18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS? Chrysem.
 (Signed) K. A. Kelleh, M. D.
Nov. 3, 1931 (Address) Callas 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 Mt. Zion DATE OF BURIAL 11-4 1931
 20. UNDERTAKER G. G. Perry ADDRESS Callas Mo.

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.

