

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

Do not use this space.

3458

**1. PLACE OF DEATH**

County St. Louis  
Township Washington  
City Ball Bluff (No. ....)

Registration District No. 843  
Primary Registration District No. 6106

File No. 214  
Registered No. 45  
St. .... Ward)

**2. FULL NAME**

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widow</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF X

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 21 - 1931

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	2		24	

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work X  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Galena Mo  
(STATE OR COUNTRY) Mo

**PARENTS**

10. NAME OF FATHER <u>Raymond Grunney</u>
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo</u>
12. MAIDEN NAME OF MOTHER <u>Carry Grunney</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo</u>

14. INFORMANT Raymond Grunney  
(Address) Galena Mo

15. FILED Jan 15 1932 Nellie H. Tromley  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 15 1932

17. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1932, to Jan 15, 1932 that I last saw her alive on Jan 14, 1932, and that death occurred, on the date stated above, at 11:30 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Basaloid Carcinoma  
1078 (duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) Curtain's (duration) yrs. mos. 20 ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH Mo

DID AN OPERATION PRECEDE DEATH? No DATE OF (1)  
WAS THERE AN AUTOPSY? No  
WHAT TEST CONFIRMED DIAGNOSIS? None  
(Signed) Grunney, M. D.  
, 19 Jan 15 1932 (Address) Galena 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 Wright Cemetery DATE OF BURIAL Jan 15 1932

20. UNDERTAKER Marshall Wilson ADDRESS Galena Mo  
act.

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.

