

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

Do not use this space.

8939

1. PLACE OF DEATH

County Jasper
Township West City
City West City (No. 1)

Registration District No. 417
Primary Registration District No. 3021

File No. _____
Registered No. 31
St. _____ Ward) _____

2. FULL NAME

(a) Residence, No. 3021 S. Ball 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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Rev Gen A. Grant</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Nov 6, 1854</u>		
7. AGE	YEARS <u>77</u>	MONTHS <u>4</u>
	DAYS <u>7</u>	If LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>at home</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) <u>Stoneham</u> (STATE OR COUNTRY) <u>Mass.</u>		
PARENTS	10. NAME OF FATHER <u>George Frederick</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>31</u>	
	12. MAIDEN NAME OF MOTHER <u>Emily Jenkins</u>	
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Vermont</u>		
14. INFORMANT <u>Mrs E. G. Healey</u> (Address) <u>Webb City Mo.</u>		
15. FILED <u>3/17 32</u> <u>R. M. Stormont</u> REGISTRAR		

2 MEDICAL CERTIFICATE OF DEATH

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

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

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Thymotoxicosis & Chronic Interstitial Nephritis
31 (duration) 3 mos. ds.
CONTRIBUTORY (SECONDARY) Hypertension
(duration) 10 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Boston (1)
NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Chemical & X-ray
(Signed) C. A. Dembauld M. D.
3/17 1932 (Address) Webb City 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 <u>Mount Hope Cem</u>	DATE OF BURIAL <u>3/17 1932</u>
20. UNDERTAKER <u>Webb City Und C. Webb City</u>	ADDRESS

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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

APR 27 1932

