

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

Do not use this space.

18535

1. PLACE OF DEATH

County North
Township Union
City Grant City (No. _____)

Registration District No. 904
Primary Registration District No. 6215

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

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4, 1860
7. AGE YEARS 72 MONTHS 2 DAYS 4 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) April 1932 11. Total time (years) spent in this occupation 49

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England 8

13. NAME John Allen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

15. MAIDEN NAME Elizabeth Squire

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT (ADDRESS) Sarnett Bunker
Grant City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Grant City DATE May 10, 1932

19. UNDERTAKER (ADDRESS) Arch Bunker
Grant City, Mo.

20. FILED May 10, 1932 Mrs. Loren Boyd
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 2, 1932 to May 8, 1932
I last saw her alive on May 7, 1932 Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Heart degeneration
Date of onset _____

Other contributory causes of importance: 1. 921

Name of operation none Date of _____
What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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 & injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) S. Wash, M. D.
(Address) Grant City, Mo.

