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.

AUG 22 1932

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

Do not use this space.

21909

1. PLACE OF DEATH Bates
County
Township Mt Pleasant
City (No. , St. Ward)

Registration District No. 50
Primary Registration District No. 5074

File No.
Registered No. 48

2. FULL NAME Mrs Martha Ellen Grout.
(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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chas Grout
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 25 1871
7. AGE YEARS 60 MONTHS 11 DAYS 0 If LESS than 1 day, hrs. or min.

OCCUPATION
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. 235
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Christian Co. Illinois

FATHER
13. NAME Harrison Igow.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois.

MOTHER
15. MAIDEN NAME Nancy Bruebeck.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know 31

17. INFORMANT (ADDRESS) Chas Grout Butler Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill DATE July 27 1932
19. UNDERTAKER (ADDRESS) Culvers Butler Mo.
20. FILED July 27 1932 Nina L Culver Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25, 1932.
22. I HEREBY CERTIFY, That I attended deceased from April 12 1932 to July 25, 1932
I last saw her alive on July 25, 1932 Death is said to have occurred on the date stated above, at 3 00 m.
The principal cause of death and related causes of importance were as follows:

Cancer of Uterus

48

Date of onset

Other contributory causes of importance:

Name of operation 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? 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) R E Crabtree, M. D.
(Address) Butler Mo