

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.

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

Do not use this space.

23224

1. PLACE OF DEATH

51 County Johnson Registration District No. 431  
6 Township Warrensburg Primary Registration District No. 3023  
7 City Warrensburg (No. ....) St. .... Ward)

2. FULL NAME

Eula Lee Grant  
(a) Residence, No. 321 W. Pine 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>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 3 - 1916</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>16</u>	<u>4</u>	<u>11</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
	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) .....			
	11. Total time (years) spent in this occupation .....			
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Johnson Co. Mo.</u>				
FATHER	13. NAME <u>W. H. Grant</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wayzette Co. Mo.</u>			
MOTHER	15. MAIDEN NAME <u>Allice Ralph</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ray Co. Mo.</u>			
17. INFORMANT (ADDRESS) <u>W. H. Grant Warrensburg, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Stenger's Hall</u> DATE <u>July 15, 1932</u>				
19. UNDERTAKER (ADDRESS) <u>W. H. Grant Warrensburg</u>				
20. FILED <u>July 15, 1932</u> <u>M. P. Patterson</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 9, 1932 to July 14, 1932  
I last saw him alive on July 14, 1932. Death is said to have occurred on the date stated above, at 11:30 AM.  
The principal cause of death and related causes of importance were as follows:  
Pulmonary tuberculosis Date of onset Feb 32  
23A

Other contributory causes of importance:  
none known

Name of operation none Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ....., 19.....  
Where did injury occur? ....., 19.....  
(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) M. P. Patterson M. D.  
(Address) Warrensburg 740

AGE 94 1932

