32-7-29
69-8-18
62-11-11

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

Do not use this space.

File No. 23714
Registered No.

1. PLACE OF DEATH
County Pike — Registration District No. 689
Township — Primary Registration District No. 3033
City Louisiana No. 221 S 3d St. Ward)

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5
4

2. FULL NAME Chris Grady
(a) Residence, No. 221 S 3d 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 Male
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 Nellie Grady
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8/18/69
7. AGE YEARS 62 MONTHS 11 DAYS 4 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brick Mason
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 26
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) Louisiana Mo

FATHER
13. NAME Tom Grady
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME Elizabeth McCormack
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Mrs Nellie Grady Louisiana Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Louisiana Mo DATE 8/1 1932
19. UNDERTAKER (ADDRESS) F C Haley Jr Louisiana Mo
20. FILED 7-30 1932 F C Haley Jr Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-29 1932
22. I HEREBY CERTIFY, That I attended deceased from 7-24 1932 to 7-29 1932
I last saw him alive on 7/29 1932 Death is said to have occurred on the date stated above, at 11 45 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Gastritis	
118	

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?
If so, specify
(Signed) D M Pearson, M. D.
(Address) Louisiana Mo

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

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 25 1932