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.

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

Do not use this space.

29426

1. PLACE OF DEATH

County Jackson — Registration District No. 392 — File No.

Township Kaw — Primary Registration District No. 2222 — Registered No. 3600

City K. C. Mo. (No. K. C. General Hosp. St. Ward)

2. FULL NAME Avin F. Grant

(a) Residence, No. 1027 Penn St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-12-1903

7. AGE: Years 29 — Months 0 — Days 10 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tile Setter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 72.6

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) Mo

FATHER

13. NAME Chas. E. Grant

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

MOTHER

15. MAIDEN NAME Lena Thomas

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

17. INFORMANT (ADDRESS) Chas. D. Grant 307 West 13th St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Joplin, Mo DATE Sept 1932

19. UNDERTAKER (ADDRESS) Mrs. C. L. Forster 918 Brooklyn ave

20. FILED 9/23 1932 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept-22-1932

22. I HEREBY CERTIFY, That I attended deceased from Dept. Corr., 19..

I last saw h..... alive on ....., 19.... Death is said to have occurred on the date stated above, at 9:55 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septic Toxemia	
Septicemia	

36 (5)

Other contributory causes of importance:

Cause Unknown

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

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) Stanley M. Hall M. D.

(Address) Dept. Corr.