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.

OCT 26 1932

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

Do not use this space.

29722

1. PLACE OF DEATH Linn

58 County ..... Registration District No. 496 File No. .....

1 Township ..... Primary Registration District No. 3025 Registered No. 83

7 City Brookfield (No. ....., ... St. 1 Ct. Ward)

2. FULL NAME John Victor Grady

(a) Residence, No. 317, Grant St. St., 1 Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 8, 1911

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
21		7	12	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 86

10. Date deceased last worked at this occupation (month and year) Aug. 15, 1932

11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marceline, Mo

FATHER

13. NAME John T. Grady

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linn Co., Mo.

MOTHER

15. MAIDEN NAME Minnie Tomlonson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marceline Mo

17. INFORMANT (ADDRESS) Sylvia Grady City

18. BURIAL, CREMATION, OR REMOVAL

PLACE Rose Hill DATE 9/22/32, 19

19. UNDERTAKER (ADDRESS) C.W.Hill Brookfield

20. FILED 9-21, 1932 C E Jenkins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/20/32, 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 18, 1932, to Sept 20, 1932

I last saw him alive on Sept 20, 1932 Death is said to have occurred on the date stated above, at 1050 A.m.

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

	Date of onset
Typhoid Fever	8/32

Other contributory causes of importance:

3

Name of operation none Date of .....

What test confirmed diagnosis? Clinical & Cal. Was there an autopsy? no

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) Dr H H Patte, M. D.

(Address) Marceline Mo