

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.

1924

1. PLACE OF DEATH

County Jasper  
Township Clifton  
City Joplin Mo. (No. ....) St. .... Ward)

Registration District No. 411  
Primary Registration District No. 2002

File No. 19  
Registered No. ....

2. FULL NAME

Lilah Jeannine Grant  
(a) Residence, No. Wyandotte Okla. 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) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 3-1931  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 1 9 7

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) Miami Okla

FATHER  
13. NAME George Grant  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Galena Kansas

MOTHER  
15. MAIDEN NAME Hazel Allen  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wyandotte Okla

17. INFORMANT Mrs Hazel Grant  
(ADDRESS) Wyandotte Okla

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Miami Okla DATE Aug 10 1933

19. UNDERTAKER W. H. Bussard  
(ADDRESS) Seneca Mo

20. FILED 1/9 33 Clayton Clark  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 9 1933

22. I HEREBY CERTIFY That I attended deceased from 1-8, 1933, to 1-9, 1933.  
I last saw her alive on 1-9, 1933. Death is said to have occurred on the date stated above, at 2 P m. ;  
The principal cause of death and related causes of importance were as follows:

Broncho pneumonia  
Influenza  
118  
1079  
Other contributory causes of importance:  
Broncho pneumonia

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) W. H. Bussard, M. D.  
(Address) Joplin Mo.

