

WHITE 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.
Dr. J. H.

1. PLACE OF DEATH
 78 County Commissat Registration District No. 65-1
 Township Commissat Primary Registration District No. 1-8-63
 City Steale (No. _____ St. _____ Ward _____)

2. FULL NAME Grady M^cNabb Jr.
 (a) Residence, No. _____ St. _____ Ward _____
 (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. (If nonresident, give city or town and State)

File No. 2605
Registered No. 27

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W 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) 1933, Jan. 27

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
0 0 0 4

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) Steale MO

MOTHER FATHER
 13. NAME Grady M^cNabb
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Keplongville MO

MOTHER
 15. MAIDEN NAME Leasia Thompson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ollingo MO

17. INFORMANT (ADDRESS) Grady M^cNabb Jr. Steale MO

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Mc Zion DATE Jan 28, 1933

19. UNDERTAKER (ADDRESS) Harmon Undert Co Steale MO

20. FILED 1933 Ada Martin Registrar.
March 10, 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 27, 1933

22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 1 P. m.
 The principal cause of death and related causes of importance were as follows:
Premature
159 / 159
 Other contributory causes of importance: undetermined

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) J. B. McDaniel, M. D.
 (Address) Steale, MO.

