

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

Do not use this space.

36508
4426

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. 4010 Harrison)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME Ella Jeannette Grant

(a) Residence, No. 4010 Harrison 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William H. Grant</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 29, 1852</u>		
7. AGE	YEARS	MONTHS
	<u>81</u>	<u>2</u> mo
		DAYS
		<u>12</u>
		IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At home</u>
	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) Ohio

13. NAME Charles Logan

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

15. MAIDEN NAME Lydia Nobles

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

17. INFORMANT Mrs. J. H. Tarrence
(ADDRESS) Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACES Ellinwood Maus., DATE 11/13, 1933

19. UNDERTAKER Stine & McCue Ltd. Co
(ADDRESS) Kansas City, Mo.

20. FILED 11-12, 1933 M. J. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 7, 1933, to Nov. 10, 1933
I last saw him alive on Nov 10, 1933. Death is said to have occurred on the date stated above, at A. m. 8:20

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

Cerebral Hemorrhage

Date of onset _____

Other contributory causes of importance:

Senility

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? No.

If so, specify _____

(Signed) David P. Robinson M. D.

(Address) 928 Prof Bldg, AC 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.

MAINTAINED RESERVED FOR BINDING

5. NO. 7

1954

WRITE IN INK--THE

829
L. L. L. L.

1954