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

Do not use this space.

36623

File No.
Registered No. 4546

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. 2310 Monitor Place. St. Ward)
Registration District No. 399
Primary Registration District No. 1002

2. FULL NAME Charles W. Grady
(a) Residence, No. 2310 Monitor place St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 30 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: 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) Sept 8- 1873

7. AGE: Years 60 | Months 2 | Days 11 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Concession Man
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carnival Road Shows
10. Date deceased last worked at this occupation (month and year) Oct. 1933
11. Total time (years) spent in this occupation 20 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Taney Co. Mo.

FATHER
13. NAME John W. Grady
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marys Peo. Mo.

MOTHER
15. MAIDEN NAME Vina J Blevins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Co. Ark.

17. INFORMANT (ADDRESS) Mrs. Vina Murray 2310 Monitor place

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Marys DATE Nov. 21, 1933

19. UNDERTAKER (ADDRESS) Fairchether-Werner Kansas City Kansas

20. FILED Nov 20, 1933 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1933 to Nov 18, 1933
I last saw him alive on Nov 18, 1933. Death is said to have occurred on the date stated above, at 9 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	11/13/33
108	

Other contributory causes of importance: 108

Name of operation ..... Date of .....
What test confirmed diagnosis Clinical 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) [illegible], M. D.
(Address) 303 Broadway

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.