

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

Do not use this space.

38974

## 1. PLACE OF DEATH.

County MontgomeryTownship StetchellCity Grant City (No. 13)Registration District No. 983Primary Registration District No. 12File No. 37Registered No. 37St. Grant City Ward 1

## 2. FULL NAME

(a) Residence, No. Indwell  
(Usual place of abode)St. Grant City Ward 1

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lula Wouley6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 6, 18667. AGE YEARS 67 MONTHS 10 DAYS 5 If LESS than 1 day, .....hrs. or .....min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer9. 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) Nov. 1933 11. Total time (years) spent in this occupation Life12. BIRTHPLACE (CITY OR TOWN) Jefferson (STATE OR COUNTRY) Indiana13. NAME Lami Wouley14. BIRTHPLACE (CITY OR TOWN) Jefferson (STATE OR COUNTRY) Indiana15. MAIDEN NAME Martha Kopp16. BIRTHPLACE (CITY OR TOWN) Jefferson (STATE OR COUNTRY) Indiana17. INFORMANT Lula Wouley (ADDRESS) Grant City, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Grant City DATE Nov. 21 193319. UNDERTAKER Arch C. Sumlee (ADDRESS) Grant City, Mo.20. FILED Nov 33 1933 John Andrews Registrar.

## 3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 19 193322. I HEREBY CERTIFY, That I attended deceased from Nov. 19 1933, to Nov. 19 1933I last saw him alive on Nov. 19 1933. Death is said to have occurred on the date stated above, at 3 P. m.

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

Date of onset

acute indigestion  
& heart attack  
sudden180  
950Other contributory causes of importance: RheumatismName of operation none Date of —What test confirmed diagnosis clinical Was there an autopsy? no23. 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. K. Phipps M. D.(Address) Grant City, Mo.

