

MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH

County Jasper Registration District No. 400 File No. 5345
Township Moran Primary Registration District No. 5562 Registered No. _____
City 2 miles north of Highways 71 St. _____ Ward) _____

2. FULL NAME

(a) Residence, Cuba 1 St. _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 53 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charlitta Grady

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 12, 1849

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
84 11 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Rock Island Delaware

FATHER 13. NAME John M. Grady

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

MOTHER 15. MAIDEN NAME Lucy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Delaware

17. INFORMANT (ADDRESS) Arthur Grady Washington, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACES Fashioners DATE Feb. 16, 1934

19. UNDERTAKER (ADDRESS) W. M. Carter East St. Louis, Missouri

20. FILED Feb. 16, 1934 S. B. Clinton Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1934 to Feb. 15, 1934
I last saw him live on Feb. 14, 1934 Death is said to have occurred on the date stated above, at 11:00 a.m.
The principal cause of death and related causes of importance were as follows:

cerebral hemorrhage
complicated by
arteriosclerosis
of heart and
arterial system
Date of onset _____

Other contributory causes of importance: _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide. Accident Date of injury Feb. 14, 1934
Where did injury occur? Missouri - Co. Courthouse
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Missouri - 71 - 2nd St. - East of 1st
Manner of injury Blow on the head
Nature of injury Choked - had teeth in eye

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify _____
(Signed) W. J. Grady, M. D.
(Address) Highway 71

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Jasper
Township Marion
City..... (No..... St..... Ward)

Registration District No. 408
Primary Registration District No. 5562

File No. 5345
Registered No.....

2. FULL NAME

John M. Grandy
(a) Residence, No..... 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

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

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE..... DATE..... 19

19. UNDERTAKER (ADDRESS)

20. FILED May 30 1934 L. B. Clinton Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 14, 1934

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..... m.

The principal cause of death and related causes of importance were as follows: Cerebral hemorrhage Compound fracture of skull and Internal injury skin man was a pedestrian struck by auto while walking across highway north of Coatsburg, Mo Date of onset

Other contributory causes of importance: pedestrian struck by auto while walking across highway north of Coatsburg, Mo

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 auto
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? If so, specify.....

(Signed)....., M. D.
(Address).....

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

5-5-345