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.

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 Miller — Registration District No. 562 — File No. 5759
Township Richwoods — Primary Registration District No. 4331 — Registered No.
City Iberia (No. ..... St. ..... Ward)

2. FULL NAME Alice Ellen Grady
(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem. — 4. COLOR OR RACE White — 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 8

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan-30-34

7. AGE — YEARS — MONTHS — DAYS 9 — 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) Iberia Mo.

FATHER
13. NAME Clint Grady
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iberia Mo

MOTHER
15. MAIDEN NAME Evelyn Dorothy Eads
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maries Co. Mo.

17. INFORMANT (ADDRESS) Clint Grady Iberia Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Livingston Cem. Iberia DATE Feb. 8 — 1934

19. UNDERTAKER (ADDRESS) C. L. Casey Iberia Mo.

20. FILED Mar 7 1934 Mrs. W. A. Von Gremp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 8 — 1934

22. I HEREBY CERTIFY, That I attended deceased from 2/30, 1934 to 2-7-, 1934
I last saw h— alive on 2/7, 1934 Death is said to have occurred on the date stated above, at 12:00 9 m.
The principal cause of death and related causes of importance were as follows:

Infection of Cord — Date of onset
161.0

Other contributory causes of importance

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) G. W. Duncan, M. D.
(Address) Iberia, Mo.