

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.

Je 1800
1799

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

Do not use this space.

1. PLACE OF DEATH **SEP 23 1934**

791
1003

27636

County

Registration District No.

File No.

Township

Special Registration District No.

Registered No. **7887**

City *St. Louis* (No. *St. John's Hospital*)

St. Ward)

2. FULL NAME *Hannah M Grant*

(a) Residence, No. *3920 Lincoln Ave 11* 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

MEDICAL CERTIFICATE OF DEATH

3. SEX *Female* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 29*, 19*34*

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

22. I HEREBY CERTIFY That I attended deceased from *7-27*, 19*34*, to *7-29*, 19*34*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 29 1884*

I last saw her alive on *7-29*, 19*34* Death is said to have occurred on the date stated above, at *4:25 p.m.*

7. AGE YEARS *50* MONTHS *—* DAYS *—* If LESS than 1 day, hrs. or min.

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *at Home*
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

Date of onset

*Ch. Cerebralit.
non-Epidemic*

Other contributory causes of importance:

788

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ireland*

13. NAME *Thomas Power*

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

15. MAIDEN NAME *Mary Flynna*

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

17. INFORMANT (ADDRESS) *Mary Grant 3920 Lincoln Ave.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Calvary Cemetery* DATE *Aug 1 3*, 19*34*

19. UNDERTAKER (ADDRESS) *Cullinane Prop. 1710 N. Grand St.*

20. FILED *Aug 6 1934* Registrar.

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) *[Signature]* M. D.
(Address) *Beaumont Med. Bldg.*

