

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

IAT 889 ON  
Do not use this space.

28962

1. PLACE OF DEATH  
 County GREENE Registration District No. 318 File No. 417  
 Township \_\_\_\_\_ Primary Registration District No. 2001 Registered No. \_\_\_\_\_  
 City SPRINGFIELD (No. 455 MONROE) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME OTTO GRANADE  
 (a) Residence, No. 455 E MONROE 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) SINGLE  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB 18 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
57 5 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. SALESMAN  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. LUMBER  
 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) SPRINGFIELD MO

13. NAME JOHN A. GRANADE

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

15. MAIDEN NAME SULADA WILLIAMS

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

17. INFORMANT Anna Granade (ADDRESS) 455 E. Monroe

18. BURIAL, CREMATION, OR REMOVAL PLACE MAPLE PARK DATE 8/17 1934

19. UNDERTAKER HERMAN LOHMEYER (ADDRESS) SPRINGFIELD MO

20. FILED Aug 16 1934

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) AUG 15 1934  
 22. I HEREBY CERTIFY, That I attended deceased from Sept 4 years to Aug 15 1934  
 I last saw him alive on Aug 15 1934 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:  
Aortic Aneurysm - Rupture  
Coronary Atherosclerosis  
Chronic Hypertension  
 Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Coronary Atherosclerosis  
Chronic Hypertension

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical Was there an autopsy? no

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? no  
 If so, specify \_\_\_\_\_ (Signed) W. Patterson \_\_\_\_\_ M. D.  
 (Address) Springfield, Mo.

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.

AUG 27 1934

173

97

30

