

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.

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

Do not use this space.

1. PLACE OF DEATH

County Jasper  
Township Carthage  
City Carthage (No. \_\_\_\_\_)

Registration District No. 408  
Primary Registration District No. 3020

File No. 36364  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Martin Thomas Grider

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 Martha Jane Grider

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 8<sup>th</sup> 1850

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	<u>84</u>	<u>10</u>	<u>16</u>	

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) Van Buren, Ark. (STATE OR COUNTRY)

13. NAME John Grider

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

15. MAIDEN NAME Ellen Moss

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

17. INFORMANT Winnis Grider (ADDRESS) Jasper Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Carthage Cem. DATE Oct. 26<sup>th</sup> 1934

19. UNDERTAKER Teeter Bros (ADDRESS) Jasper Mo

20. FILED Oct 26 1934 S. B. Colinton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 24 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 18 1934, to Oct 24 1934

I last saw him alive on Oct 24 1934. Death is said to have occurred on the date stated above, at 2:30 P.m.

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

Comminuted fractures Right Tibia and Fibula  
Basal Fracture Skull  
210 M  
162  
Other contributory causes of importance: Senility  
Shocks

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? XRay 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 Oct 18 1934

Where did injury occur? Highway 71 - 12 mi north Carthage Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. on Highway 71  
Manner of injury Struck by automobile  
Nature of injury see above

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_

(Signed) Blond B. Clinton, M. D.  
(Address) Carthage Mo.

