

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.

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DEC 19 1934

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

1/colbert  
Do not use this space.

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1. PLACE OF DEATH **Pettis**  
County..... Registration District No. **668**  
Township **Sedalia** Primary Registration District No. **3002**  
City..... (No. **1408 W. 4th St.**) St. .... Ward) .....

2. FULL NAME **Mark M'Gruder**  
(a) Residence, No. **1408 W 4th St.** 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.

File No. **377**  
Registered No. **668**  
St. .... Ward)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <b>M</b>	4. COLOR OR RACE <b>W</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Leonore M'Gruder</b>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Sept. 16 1879</b>			
7. AGE YEARS <b>55</b>	MONTHS <b>1</b>	DAYS <b>22</b>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Attorney</b>		
	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) <b>Hughesville</b> (STATE OR COUNTRY) <b>Mo</b>			
FATHER	13. NAME <b>Monteville M'Gruder</b>		
	14. BIRTHPLACE (CITY OR TOWN) <b>Va</b> (STATE OR COUNTRY)		
MOTHER	15. MAIDEN NAME <b>Amy Harris</b>		
	16. BIRTHPLACE (CITY OR TOWN) <b>Ohio</b> (STATE OR COUNTRY)		
17. INFORMANT <b>Mrs Mark M'Gruder</b> (ADDRESS) <b>Sedalia Mo</b>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Crown Hill</b> DATE <b>Nov 11 1934</b>			
19. UNDERTAKER <b>Gillespie Funeral Home</b> (ADDRESS) <b>Sedalia Mo.</b>			
20. FILED <b>10-10-34</b> <b>Jean Slack</b> Registrar.			

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 8 1934** 19

22. I HEREBY CERTIFY, That I attended deceased from **Nov. 2, 1934** to **Nov. 8, 1934**  
I last saw him alive on **Nov 8, 1934**. Death is said to have occurred on the date stated above, at **12:30m.**  
The principal cause of death and related causes of importance were as follows:

Date of onset	<b>Nov 3, 34</b>
	<b>Nov 2, 34</b>

Other contributory causes of importance: **Myocarditis**  
**Bronchial Pneumonia**  
**Asthma**

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 **Edwin Holbert, M.D.**  
(Signed) **Edwin Holbert, M.D.**  
(Address) **4123 J. Ohio Sedalia, Mo**

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