

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

Do not use this space.

JUN 5 1935

15424

1. PLACE OF DEATH

County Worth

Registration District No. 903

Township Thethall

Primary Registration District No. 6212

City Grant City, Mo. (No. ....)

St. .... Ward)

2. FULL NAME

(a) Residence, No. 1 St., .... Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 33 yrs. ✓ mos. ✓ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James M. Thomas

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan'y 29<sup>th</sup> 1844

7. AGE YEARS 91 MONTHS 2 DAYS 14 If LESS than 1 day, .... hrs. or .... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife  
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) Shelby County, Illinois

13. NAME Henry Deance

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

15. MAIDEN NAME Grace Deance

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

17. INFORMANT (ADDRESS) Paul Thomas 2771 - 11th St. St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE Budding Iowa DATE April 14, 35

19. UNDERTAKER (ADDRESS) Andrews Grant City, Mo.

20. FILED 4/13, 1935 Fred Mull Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb., 1933 to Apr. 11, 1935

I last saw her alive on Apr. 11, 1935 Death is said

to have occurred on the date stated above, at 6:00 am.

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

Senility Date of onset

Other contributory causes of importance:

Name of operation 7 Date of

What test confirmed diagnosis None 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 Home

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) I. V. Swift M. D.

(Address) Grant City, Mo.

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