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.

JUN 20 1935

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

Do not use this space.

1. PLACE OF DEATH
County Franklin — Registration District No. 297 — File No. 16093
Township ~~Washington~~ — Primary Registration District No. 3016 — Registered No. 51
City Washington Mo (No. ..... St. ..... Ward)

2. FULL NAME Mary Nellie Grannemann
(a) Residence, No. 423 Elm Street Washington, Mo Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 2 yrs. 6 mos. 0 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Grannemann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 27-1906

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
28	7	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Do
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) Vishy Mo Maries Co

FATHER
13. NAME Zachariah Catter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paxton Ill

MOTHER
15. MAIDEN NAME Rosie Nelson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana U S A

17. INFORMANT (ADDRESS) John Henry Grannemann Washington, Mo

18. BURIAL, CREMATION, OR REMOVAL Removal to Vishy
PLACE Cemetery DATE May 13th 35

19. UNDERTAKER (ADDRESS) Otto & Co Washington Mo

20. FILED May 12 1935 Harvey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11 — , 1935

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1935, to May 11, 1935
I last saw her alive on May 11, 1935. Death is said to have occurred on the date stated above, at 6:30 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	?

Other contributory causes of importance

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) J. Post, M. D.
(Address) Washington Mo.