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.

NOV. 19 1935

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

Do not use this space.

32127

File No.
Registered No. 114

1. PLACE OF DEATH
County Carroll — Registration District No. 135
Township ~~South~~ Moscow — Primary Registration District No. 5190
City (No. , St. Ward)

2. FULL NAME Ida May Grider

(a) Residence, No. 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. 23 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Tom Grider

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 11-1888

7. AGE: Years 47 — Months 11 — Days 4 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work.
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) Oct 8-1935
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Dewitt (STATE OR COUNTRY) Missouri

FATHER
13. NAME Richard Grider
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Almar-Grider
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT Tom Grider (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fair Haven DATE Oct 17 1935

19. UNDERTAKER Deitch & Minnis (ADDRESS) Norborne Mo.

20. FILED 10-17 1935 Ruth Hoskins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct-15th 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct-12th 1935 to Oct-15th 1935
I last saw h. alive on Oct-15th 1935 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:

Perforated Gastric Ulcer — Date of onset Oct 12th 35

Other contributory causes of importance: Diphtheria

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? No
If so, specify
(Signed) B. C. Cole, M. D.
(Address) Norborne Mo.