WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

JAN 16 1936

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

Do not use this space.

File No. 39999

Registered No. 91

1. PLACE OF DEATH

County: Jasper — Registration District No. 417

Township: Webb City — Primary Registration District No. 3021

City: Webb City (No. ..... St.) ..... Ward)

2. FULL NAME: Rev. George W. Grant

(a) Residence, No. 302 S. Broadway St., ..... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

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: Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 9, 1854

7. AGE: Years 81 — Months 7 — Days 5 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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.: Minister

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): Stoneham Mass.

FATHER

13. NAME: James Grant

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Nova Scotia

MOTHER

15. MAIDEN NAME: Elizabeth Dailey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New Brunswick

17. INFORMANT (ADDRESS): Mrs. E. G. Healey, Webb City, Mo.

18. BURIAL, CREMATION, OR REMOVAL: PLACE Mount Hope Cem. DATE Dec 16, 1935

19. UNDERTAKER (ADDRESS): Webb City Undertaking Co., Webb City, Mo.

20. FILED 12-14, 1935 J. L. Craig, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 — 1935, to Dec 14, 1935. I last saw he alive on Dec 10, 1935. Death is said to have occurred on the date stated above, at 5 a. m.

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

Uraemia + Arteriosclerosis

Date of onset

Other contributory causes of importance:

Complete

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) B. A. Greenbaum, M. D.

(Address) Webb City Mo