JUL 18 193

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

Do not use this space.

595-b

1. PLACE OF DEATH
County Christian — Registration District No. 184 — File No.
Township ~~Finley~~ — Primary Registration District No. 4110 — Registered No. 19
City Ozark (No. ..... St. ..... Ward)

2. FULL NAME Chas. T. Grant

(a) Residence, No. ..... 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 27 - 1875

7. AGE: YEARS 60 — MONTHS 7 — DAYS 17 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Officer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Policeman.
10. Date deceased last worked at this occupation (month and year) 1934
11. Total time (years) spent in this occupation 29

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fort Dodge Iowa

FATHER
13. NAME Oscar Grant
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER
15. MAIDEN NAME Anna Bailey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) Belle Brown Ozark Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ozark Mo DATE Jan 16 1936

19. UNDERTAKER (ADDRESS) B. C. Kleffer Ozark Mo

20. FILED July 8 1936 Loretta Leonard Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 14 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1936, to Jan 13, 1936
I last saw him alive on Jan 13, 1936 Death is said to have occurred on the date stated above, at 11 P m.
The principal cause of death and related causes of importance were as follows:

Valvular Heart Lesions with Hypertrophy of Heart

Date of onset Do Not Know

Other contributory causes of importance

92a

Name of operation None Date of
What test confirmed diagnosis? 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
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) J. H. Wade, M. D.
(Address) Ozark Mo

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.