

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

Gronoway
Do not use this space.

APR 21 1936

1. PLACE OF DEATH

County Macon Registration District No. 533
Township _____ Primary Registration District No. 3027
City Macon (No. _____) (If nonresident, give city or town and State)
St. _____ Ward _____

File No. _____
Registered No. 30

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 18-1842
7. AGE YEARS 94 MONTHS - DAYS 8 IF LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Va
13. NAME Abraham Weakley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va
15. MAIDEN NAME Michi Wells
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va

17. INFORMANT Mrs A D Ralston (ADDRESS) RR Macon Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Oakwood Cem DATE Mar 27 1936
19. UNDERTAKER Edw Skinner (ADDRESS) Macon Mo
20. FILED 4/6 1936 Leota Kestner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 26 1936
22. I HEREBY CERTIFY, That I attended deceased from 1-25-36 to 3-26-36
I last saw him alive on March 25 1936 Death is said to have occurred on the date stated above, at 3:30 A.M.

The principal cause of death and related causes of importance were as follows:
Myocarditis
chronic
Date of onset about 1935

Other contributory causes of importance:
Arterio-sclerosis
Name of operation _____ Date of _____
What test confirmed diagnosis Clinical 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) A Gronoway
(Address) Macon 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.

