

MAY 28 1936

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

Do not use this space.

18247

1. PLACE OF DEATH

County Sullivan
Township Green
City (No. _____) _____

Registration District No. 549
Primary Registration District No. 114

File No. _____
Registered No. 35
St. _____ Ward _____

2. FULL NAME

Lorange Grandstaff

(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. 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 Ureas Grandstaff

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 18, 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 4 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. on farm
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) Mo.

FATHER 13. NAME Isaac Grandstaff

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Mary Jane Barnes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT (ADDRESS) Mrs Joe Braustetter Milan Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Glen DATE 4-23 1936

19. UNDERTAKER (ADDRESS) Glenn E. Kent Green City Mo

20. FILED 5-8 1936 Virginia Gibson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 11 1936

22. I HEREBY CERTIFY, That I attended deceased from February 9, 1936 to March 21, 1936
I last saw him alive on April 9, 1936 Death is said to have occurred on the date stated above, at not determined
The principal cause of death and related causes of importance were as follows:

Cause - Double inguinal hernia (strangulated) Evidence of being dead several hours when found.
Date of onset _____

Other contributory causes of importance: Body was viewed by JEB
justified of peace on
recognition of coroner
Name of operation none Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? no.

23. If death was due to external causes (violence), fill in 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) Dr. B. Remalle 20, M.D.
Garrison Mo (Address)

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.

