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.

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

AUG 28 1936

Do not use this space.

27682

1. PLACE OF DEATH
County Randolph
Township
City Moberly (No. McCormick Hospital St. Ward)

Registration District No. 735
Primary Registration District No. 3034

File No.
Registered No. 154

2. FULL NAME Granville K Wilcox
(a) Residence, No. 113 So Morley 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 Nellie Wilcox

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 5th 1865

7. AGE: Years 70 | Months 9 | Days 8 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Mo

FATHER
13. NAME Hence Wilcox
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

MOTHER
15. MAIDEN NAME Margaret Collins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT Z. O. Wilcox
(ADDRESS) Moberly, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Moberly, Mo DATE 7-15th 1936

19. UNDERTAKER Mahan + Son
(ADDRESS) Moberly, Mo

20. FILED 7/15 1936 Virginia Walker
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13th 1936

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1936, to July 13, 1936
I last saw h. alive on July 13, 1936. Death is said to have occurred on the date stated above, at 7:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	2 years

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? Physical 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) G. L. McCormick M. D., M. D.
(Address) Moberly Mo.