

SEP 25 1936

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

Do not use this space.

31768

1. PLACE OF DEATH

County

New Madrid

Registration District No.

55

File No.

10

Township

Glen Rose

Primary Registration District No.

4033

Registered No.

1169

City

Gideon mo

(No.

St.

St.

Ward)

2. FULL NAME

Mellard Grace

(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)

widower

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Orcie Bee Grace

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

July 24 1872

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

64

0

18

OCCUPATION

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

Lolauer

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)

Spartan Co. Mo.

FATHER

13. NAME

Amos Mourse Grace

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

Glen Rose Mo.

MOTHER

15. MAIDEN NAME

Richard Bait

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

Glen Rose Mo.

17. INFORMANT (ADDRESS)

Hill Co. Grace Gideon mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Carmar mo

DATE

Aug 12 1936

19. UNDERTAKER (ADDRESS)

R. H. Johnson Mo

20. FILED

Sept 10 1936

M. U. Munn

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Aug 12 1936

22. I HEREBY CERTIFY, That I attended deceased from

July 17 1936 to Aug 12 1936

I last saw him alive on Aug 11 1936. Death is said

to have occurred on the date stated above, at 3 A. M.

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

aortic regurgitation
and Dropsy
9205

Date of onset

Other contributory causes of importance:

no

Name of operation

none

Date of

What test confirmed diagnosis? Chemical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury no, 19noWhere did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

none

Nature of injury

none

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

B. B. Smith

M. D.

(Address)

Gideon 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.

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

