

JAN 20 1937

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

Do not use this space.

45133

1. PLACE OF DEATH

County Jasper Registration District No. 408
Township _____ Primary Registration District No. 3020
City Carthage (No. McCune-Brooks Hospital) St. _____ Ward _____

File No. _____

Registered No. _____

2. FULL NAME Lerona Faye Grundy

(a) Residence, No. 1041 S. McGregor 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 25, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 25, 1936, to Dec 25, 1936
I last saw her alive on Dec 25, 1936. Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 25, 1936

to have occurred on the date stated above, at 2:00 pm

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .13 hrs. or _____ min.

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

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

premature birth (7 1/2 mo. gestation)
Date of onset _____

12. BIRTHPLACE (CITY OR TOWN) Carthage (STATE OR COUNTRY) Missouri

Other contributory causes of importance: primipara (twin)

13. NAME Leroy Grundy

Name of operation none Date of _____

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

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

15. MAIDEN NAME Verna Ilay Swineheart

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

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

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Leroy Grundy (ADDRESS) Carthage, Mo.

Manner of injury _____
Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Faskin Cemetery DATE Dec. 26, 36

24. Was disease or injury in any way related to occupation of deceased? no

19. UNDERTAKER Ulmer Funeral Home (ADDRESS) Carthage, Missouri

If so, specify _____
(Signed) George H. Wood, M. D.
(Address) Carthage Mo.

20. FILED Dec 26 1936 S. B. Clinlon Registrar.

Exact statement of OCCUPATION is very important.

