

JAN 23 1937

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

Do not use this space.

49384

1. PLACE OF DEATH

County St. Louis  
Township St. James  
City Marionville (No. ....)

Registration District No. 704  
Primary Registration District No. 4425

File No. ....  
Registered No. ....  
St. .... Ward

2. FULL NAME

Dixie Lee Grant

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Stillborn</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 26, 1936</u>		
7. AGE YEARS <u>0</u>	MONTHS <u>0</u>	DAYS <u>0</u>
If LESS than 1 day, ... hrs. or ... min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. <u>Stillborn</u>	
	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) <u>Marionville, Missouri</u>		
FATHER	13. NAME <u>Robert Edward Grant</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Marionville, Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Janice Marie Blakey</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
17. INFORMANT <u>C. E. Grant</u> (ADDRESS) <u>Marionville, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Slagle</u> DATE <u>Nov 27, 1936</u>		
19. UNDERTAKER <u>White-Ewing</u> (ADDRESS) <u>Marionville, Mo.</u>		
20. FILED <u>J.S.C. 15</u> 1936 <u>D. White</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...  
I last saw him Stillborn, 19... Death is said to have occurred on the date stated above, at 8:50 a.m.  
The principal cause of death and related causes of importance were as follows:  
Stillborn  
Date of onset

Other contributory causes of importance:  
Abruptio placentae due to umbilical cord being only 6" long

Name of operation: \_\_\_\_\_ Date of: \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) Doyle L. L. L. L. L. M. D.  
(Address) Bohannon

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

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.

