

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**

Do not use this space.

Dr. Wood
MAR 20 1937

6742

1. PLACE OF DEATH

County Jasper Registration District No. 408 File No. 6742
Township _____ Primary Registration District No. 3020 Registered No. _____
City Carthage (No. Mc-Cune-Brooks Hospital) St. _____ Ward _____

2. FULL NAME Verna May 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. 1 mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day, _____ hrs. or _____ min.
	<u>2</u>	<u>1</u>	<u>11</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____	<u>Infant</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) Carthage
(STATE OR COUNTRY) Missouri

13. NAME LeRoy Grundy

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

15. MAIDEN NAME Verna May Swineheart

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

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

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fasken Cemetery DATE Feb. 6, 1937

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

20. FILED Feb. 6, 1937 S. P. Clinton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 25, 1936, to Feb 5, 1937
I last saw her alive on Feb 5, 1937. Death is said to have occurred on the date stated above, at 9:30am

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

premature
Bronchial pneumonia 2/3/37

Other contributory causes of importance: _____

Name of operation None 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) George H. Wood, M. D.
(Address) Carthage Mo.

