MAR 25 1937

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

Do not use this space.

7834

File No. 14

Registered No. 1441

1. PLACE OF DEATH
County Ripley
Township
City Doniphan (No. , St. Ward)

Registration District No. 750
Primary Registration District No. 24451

2. FULL NAME William Whitney Grable

(a) Residence, No. Oregon County 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. 10 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) married.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 4-1905

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 31 | 1 | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. for self.
10. Date deceased last worked at this occupation (month and year) 1931.
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oklahoma.

FATHER

13. NAME Garett Grable
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.

MOTHER

15. MAIDEN NAME Alma Newport.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Mrs. Lottie Grable, Couch, Mo. R-1.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Myrtle Cem. DATE 2-4-37, 19

19. UNDERTAKER (ADDRESS) Jordan, Doniphan Mo

20. FILED 2-4, 1937 C. B. Johnston Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-3-, 1937

22. I HEREBY CERTIFY, That I attended deceased from January 26, 1937, to February 3, 1937
I last saw h. alive on January 26, 1937. Death is said to have occurred on the date stated above, at 9:30 am.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Jaundice of liver. | |

Other contributory causes of importance:
Syphilis.

Name of operation Removal of gallbladder Date of 1-26-37
What test confirmed diagnosis? Pathologist 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?
If so, specify
(Signed) J. C. Williams, M. D.
(Address) Doniphan

Paralytic Illius Williams