

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

Do not use this space.

MAR 29 1937

1. PLACE OF DEATH

County North
Township Witchell
City Grant City, Mo.

Registration District No. 903

Primary Registration District No. 6212

File No. 9319

Registered No. _____

St. _____ Ward) _____

2. FULL NAME

(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>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Edward Alderson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 21, 1868</u>		
7. AGE <u>72</u>	YEARS <u>1</u>	MONTHS <u>12</u>
DAYS <u>12</u>		If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</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) <u>Jan. 21, 1937</u>
	11. Total time (years) spent in this occupation

MOTHER / FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Champaign, Ill.</u>
	13. NAME <u>Jacob Renschler</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wichita, Kan.</u>
	15. MAIDEN NAME <u>Mary Williams</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wichita, Kan.</u>

17. INFORMANT (ADDRESS) <u>Charles Alderson</u> <u>Grant City, Mo.</u>

18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Grant City, Mo.</u> DATE <u>2/5/37</u>
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19. UNDERTAKER (ADDRESS) <u>John C. Dumble</u> <u>Grant City, Mo.</u>
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20. FILED <u>3-8</u> 1937 <u>Jack Mull, M.D.</u> Registrar.
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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _____, 19

22. I HEREBY CERTIFY, That I attended deceased from _____, 19, to Feb 2, 1937

I last saw her alive on Jan 10, 1937. Death is said to have occurred on the date stated above, at 11:45 p.m.
The principal cause of death and related causes of importance were as follows:

Coronary Embolism Date of onset _____

Other contributory causes of importance:

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? _____
If so, specify _____
(Signed) J. W. Swift, M. D.
(Address) Grant City

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.

