

MAR 29 1937

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

Do not use this space.

1. PLACE OF DEATH

113 County North  
Township Union  
City Grant City (No. ....)

Registration District No. 904  
Primary Registration District No. 6215

File No. 9322  
Registered No. ....  
St. .... Ward)

2. FULL NAME

(a) Residence, No. .... St. .... Ward. ....  
(Usual place of abode)  
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 M 4. COLOR OR RACE W 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) Feb. 10 1937  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, 4 hrs. or 4 min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓  
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) Grant City (STATE OR COUNTRY) Mo.

FATHER 13. NAME Wesley Hall

14. BIRTHPLACE (CITY OR TOWN) Sheldon (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Vesta Key

16. BIRTHPLACE (CITY OR TOWN) Grant City (STATE OR COUNTRY) Mo.

17. INFORMANT Wesley Hall (ADDRESS) Grant City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Grave DATE 12/11 1937

19. UNDERTAKER Arch C. Dunslee (ADDRESS) Grant City, Mo.

20. FILED Feb. 15, 1937 Mar 10, H. Bond Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-10 1937  
22. I HEREBY CERTIFY, That I attended deceased from 2-10 1937 to 2-10 1937  
I last saw him alive on 2-10 1937 Death is said to have occurred on the date stated above, at 11:00 PM in.  
The principal cause of death and related causes of importance were as follows:

(Signature) W. M. D. Date of onset

Other contributory causes of importance: 15  
(Signature) W. M. D.

Name of operation ✓ Date of ✓  
What test confirmed diagnosis? ✓ 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 ✓, 1937  
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 Sp. H. S.  
(Signed) Sp. H. S. M. D.  
(Address) Grant City, Mo.

