

APR 19 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County Dentry  
Township Stanberry  
City Stanberry (No. \_\_\_\_\_)

Registration District No. 314  
Primary Registration District No. 4190

File No. 11871  
Registered No. 8  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. Stanberry Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. 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 Nancy Jane Grable

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-17-1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
76 8 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

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) 20 years 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dentry Missouri

13. NAME Henry Grable

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " "

17. INFORMANT Nancy Jane Grable (ADDRESS) Stanberry Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Highridge DATE 3-30 1937

19. UNDERTAKER J. E. Johnson (ADDRESS) Stanberry Mo.

20. FILED 3/29/37 68 Bennett Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 28 193722. I HEREBY CERTIFY, That I attended deceased from March 1936, to Mar 28 1937

I last saw him alive on Mar 28 1937. Death is said to have occurred on the date stated above, at 2:30 P.M.

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

Myocardial heart disease

Date of onset

Other contributory causes of importance:

BranchitisName of operation None 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 ✓ 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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) F. J. Kunkley M. D.(Address) Stanberry, Mo.

