

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.

MAY 20 1937

16442

1. PLACE OF DEATH

County Harrison Registration District No. 340
 Township Dellis Primary Registration District No. 5482
 City (No.) St. Ward

2. FULL NAME Margert Elizabeth Grace

(a) Residence, No. St. Ward. (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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF - John Grace Deceased
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 16 1855
 7. AGE YEARS 82 MONTHS DAYS 22 If LESS than 1 day, hrs. or min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 8 1937
 22. I HEREBY CERTIFY, That I attended deceased from March 15 1937 to April 8 1937
 I last saw her alive on March 28 1937. Death is said to have occurred on the date stated above, at 3:15 p.m.
 The principal cause of death and related causes of importance were as follows:

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

Apoplexy from Heart Blood clots Date of onset
 Other contributory causes of importance 22

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co Missouri
 FATHER
 13. NAME David Rimmer
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn
 MOTHER
 15. MAIDEN NAME Mary Adams
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

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

17. INFORMANT Wm Grace (ADDRESS) Martinsville Mo
 18. BURIAL, CREMATION, OR REMOVAL Kidwell PLACE DATE Apr 9 1937
 19. UNDERTAKER W H Noble (ADDRESS) New Hampton Mo
 20. FILED May 6 1937 J. W. Noble Registrar.

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify (Signed) C. J. Noble, M. D.
 (Address) New Hampton

