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

MAY 21

Do not use this space.

16505

1. PLACE OF DEATH

4 County Holt — Registration District No. 375 — File No.

Township Nodaway — Primary Registration District No. 5523 — Registered No.

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Grant S. Napier

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(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 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 Mrs. Erma Napier

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 8. 1864

7. AGE 72 YEARS — MONTHS 9 — DAYS 12 — If LESS than 1 day, ... hrs. or ..... min.

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.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Andrew Co. Mo.

FATHER

13. NAME John Napier

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

MOTHER

15. MAIDEN NAME Nancy Shunk

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

17. INFORMANT (ADDRESS) Mrs. Grant S. Napier Oregan Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Fillmore Mo. DATE Apr. 22 1937

19. UNDERTAKER (ADDRESS) C. W. Cole Fillmore Mo.

20. FILED Apr. 21 1937 Edith Lent Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 20 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1937, to April 20, 1937

I last saw him alive on April 19, 1937. Death is said to have occurred on the date stated above, at 9 P m.

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

Cerebral Hemorrhage — Date of onset 4/6/37

Other contributory causes of importance: none

Name of operation none Date of

What test confirmed diagnosis? Clinical 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 no injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) E. F. Kearney, M. D.

(Address) Oregan Mo

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.

WHITE PLAIN

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