

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.

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

Do not use this space.

27553

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AUG 24 1937

1. PLACE OF DEATH
 County Jefferson Registration District No. 421
 Township _____ Primary Registration District No. 5575A
 City Crystal City (No. _____) St. _____ Ward _____

2. FULL NAME Edwin W. Grant
 (a) Residence, No. 3539 Locust Ave. St. Louis 310
 (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 10 - 1894

7. AGE YEARS 32 MONTHS 10 DAYS 26 If LESS than 1 day, _____ hrs. or _____ min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

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) Farmington Mo

13. NAME Edwin W. Grant

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

15. MAIDEN NAME Nancy Jane Patterson

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

17. INFORMANT W. M. Warton
(ADDRESS) 609 N. Grand

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Farmington Mo DATE July 8 1937

19. UNDERTAKER W. M. Warton
(ADDRESS) 609 N. Grand

20. FILED 8/1 1937 J. E. Rutledge
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6 1937

22. I HEREBY CERTIFY, That I attended deceased from July 6 1937, to July 6 1937
 I last saw him alive on July 6 1937. Death is said to have occurred on the date stated above, at 7:00 p.m.
 The principal cause of death and related causes of importance were as follows:
Coronary Sclerosis
Coronary Thrombosis (?)
 Date of onset Syst. sh.

Other contributory causes of importance:
94B

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 _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) John F. Rutledge, M. D.
 (Address) Crystal City, Mo.

