

SEP 16 1937

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

Do not use this space.

1. PLACE OF DEATH

County CassRegistration District No. 135Township CassPrimary Registration District No. 3010City Carrollton(No. St. Glenn Hospital)File No. 30350Registered No. 71

St. _____ Ward _____

2. FULL NAME Isaac Inskuph Grace(a) Residence, No. 508 north main St. 1st Ward.

(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) Single5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. J.6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-30-18757. AGE YEARS 62 MONTHS - DAYS 12 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant

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) Chillicothe Mo13. NAME A. W. Grace14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hampshire Co Va15. MAIDEN NAME Frances L. Blue16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hampshire Co Va17. INFORMANT Mrs. Luther Minnis (ADDRESS) Carrollton, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE 8-15-193719. UNDERTAKER Miller's Funeral Home (ADDRESS) Carrollton, Mo.20. FILED 8-14-1937 Utter Naskin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-12-193722. I HEREBY CERTIFY, That I attended deceased from Aug 2 1937, to 8-12 1937.I last saw him alive on 8-12 1937 Death is said to have occurred on the date stated above, at 11:30 m.

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

uraemia Date of onset

Other contributory causes of importance:

Chronic nephritisName of operation Herniotomy Date of 8-7-37

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

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. B. Drown M. D.(Address) Carrollton, 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.

WHILE PRINTING WITH CONTINUING INK—THIS IS A PERMANENT RECORD

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