

OCT 22 1937

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

Do not use this space.

1. PLACE OF DEATH

County MontgomeryTownship Montgomery
City Montgomery City (No.)Registration District No. 592Primary Registration District No. 5790File No. 34832Registered No. 17
St. Ward)2. FULL NAME Charles Thomas Grennan

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

(Usual place of abode)

Life

(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

Male

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (Using the word)Single5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 31 st 1862

7. AGE

YEARS

75

MONTHS

7

DAYS

IIIf LESS than 1
day,hra.
ormin.21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/12/37 1937

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him Sudden Death to 1937, to 1937, 19....
Death is saidto have occurred on the date stated above, at 4:15 p.m.

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

Acute MyocarditisDate of onset
9-12-37

Other contributory causes of importance:

Cephalitis
Pericarditis?
?
?Name of operation none Date of
What test confirmed diagnosis? none Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) E. J. T. Anderson M. D.(Address) Montgomery City, MoCoroner of Montgomery County

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Farmer9. 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
occupation12. BIRTHPLACE (CITY OR TOWN) Near Montgomery City
(STATE OR COUNTRY) Mo13. NAME Peter Grennan14. BIRTHPLACE (CITY OR TOWN) Ireland
(STATE OR COUNTRY)15. MAIDEN NAME Ann Elizabeth Worland16. BIRTHPLACE (CITY OR TOWN) Kentucky
(STATE OR COUNTRY)17. INFORMANT B. S. Grennan
(ADDRESS) Montgomery City Mo18. BURIAL, CREMATION, OR REMOVAL
PLACE Worland Cemetery DATE 9/14/37 19....19. UNDERTAKER C. W. Hopkins
(ADDRESS) Montgomery City Mo20. FILED Sept. 13, 1937 G. W. Memphis
Registrar.13
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