

JAN 18 1938

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

Do not use this space.

45376

1. PLACE OF DEATH

County Greene

Registration District No. 316

File No. 1160

Township Springfield

Primary Registration District No. 2001

Registered No. 1160

City Springfield

(No. St. Johns Hospital)

St. Ward

2. FULL NAME

Fair Grant

(a) Residence, No. Red Top Mo. St. Ward. Red Top, Mo
(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 F 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 Jian B. Grant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14 /74

7. AGE YEARS 63 MONTHS 5 DAYS 26 If LESS than 1 day, hrs. or min.

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

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) Hickory Co Mo.

FATHER 13. NAME Mart Hobbs

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

MOTHER 15. MAIDEN NAME Marsh

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

17. INFORMANT (ADDRESS) Mr. John B. Grant Red Top, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Eastlawn DATE Dec 12, 1937

19. UNDERTAKER (ADDRESS) H.H. Lohmeyer Funeral Home Springfield, Mo.

20. FILED Dec 12, 1937 Chas. O. George Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/10, 1937

22. I HEREBY CERTIFY, That I attended deceased from 12/6, 1937, to 12/10, 1937

I last saw him alive on 12/10, 1937. Death is said to have occurred on the date stated above, at 9 a. m.

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

Purpura hemorrhagica Date of onset 11/30/37

Other contributory causes of importance: 108
Pneumonia lobar (atypic) 12/9/37

Name of operation None Date of
What test confirmed diagnosis Clin. Path. Was there an autopsy? Yes

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) F. J. A. Dasher, M. D.
(Address) Med. Arts Bldg.

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.

MAR 29 1957