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.

2
1

1. PLACE OF DEATH
61 County Macon — Registration District No. 533 — File No. 3380
7 Township — Primary Registration District No. 3027 — Registered No. 6
1 City Macon (No. ..... St. ..... Ward)

2. FULL NAME David Earl Grady 630

(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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 6th 1932

7. AGE: YEARS 5 — MONTHS 9 — DAYS 1 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. small Boy
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): Macon Co. Mo.

FATHER
13. NAME: Clifford E. Grady
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Macon Co. Mo.

MOTHER
15. MAIDEN NAME: Cora E. Comelison
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Macon Co. Mo.

17. INFORMANT (ADDRESS): Clifford E. Grady Macon, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt. Tabor Cem. DATE: 1-9" 1938

19. UNDERTAKER (ADDRESS): Stephens & Goodding Macon, Mo.

20. FILED 2/1 1938 Leota Newton 476 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 7th 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 6th, 1938, to Jan 7th, 1938
I last saw h— alive on ....., 19..... Death is said to have occurred on the date stated above, at 5 P.m.
The principal cause of death and related causes of importance were as follows:

Killed by falling under a Coal Truck

Date of onset

21 ON
21

Other contributory causes of importance:
the Driver did not know he had run over the child

Name of operation: none — Date of —
What test confirmed diagnosis? Observation — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident — Date of injury Jan 6th 1938
Where did injury occur? in the alley back of his home (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
In the alley at his home
Manner of injury: fell under a truck
Nature of injury: fracture at the Base of Scull

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) O. A. West Coroner, M. D.
(Address) New Cambria Mo

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FEB 28 1938
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MO. STATE BOARD OF HEALTH