

REC'D APR 19 1938

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

Do not use this space.

1. PLACE OF DEATH

County Dunklin Registration District No. 288
Township Independence Primary Registration District No. 4172
City Russell (No.) St. Ward)

File No. 10635
Registered No. St. Ward)

2. FULL NAME

Wm Grainer 656
(a) Residence, No. St. 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bessie Grainer
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 1 1880
7. AGE YEARS 56 MONTHS 7 DAYS 22 If LESS than 1 day, hrs. or min.

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. Restaurant
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) Ind13. NAME Wm Grainer14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT Wm Grainer (ADDRESS) Russell, Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Wagon Mt DATE 3-2419. UNDERTAKER Wm Grainer (ADDRESS) Russell, Mo20. FILED 3-27 Wm Grainer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-23 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-9- 1938 to 3-23 1938
I last saw him alive on 3-22 1938 Death is said to have occurred on the date stated above, at 820 m.
The principal cause of death and related causes of importance were as follows:

Utter Respiration
Date of onset

Other contributory causes of importance: 92

Name of operation Date of
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 Wm Grainer, M. D.
(Signed) Wm Grainer

(Address) Russell Mo
951

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.

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