

REC'D APR 21 1938

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

11342

Do not use this space.

1. PLACE OF DEATH

(a) County Linn Registration District No. 496
(b) Township 1 Primary Registration District No. 3025 Registered No. 23
(c) City Brookfield (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Eugene Lee Grandstaff 6-5-3
(a) Residence, No. 2210 E. John St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 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) Mar 14 1938
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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) Brookfield Mo.

FATHER
13. NAME Elihue Grandstaff
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan County Mo.

MOTHER
15. MAIDEN NAME Alpha Wiggins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brookfield Mo.

17. INFORMANT (ADDRESS) Elihue Grandstaff

18. BURIAL, CREMATION, OR REMOVAL PLACE Brookfield Mo. DATE 3-14-38

19. FUNERAL DIRECTOR (ADDRESS) Home of Brother of Brookfield Mo.

20. FILED April 9 38 John W. Lucas Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-14 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-14, 1938, to 3-14, 1938

I last saw h. Stillborn alive on 3-14 1938. Death is said to have occurred on the date stated above, at _____ m.

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

Stillborn

Other contributory causes of importance:

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 _____, 1938

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 suicide

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) D. H. H. Patten (Address) Brookfield Mo.

STATEMENT BY LICENSED EMBALMER

I, Homer Bowden, Licensed Embalmer No. 3295

hereby certify that the body recorded on the reverse side of this certificate was embalmed by not embalmed

..... L. E.

No..... or by....., Registered Apprentice No.....
working under my personal supervision.

Signed Homer Bowden

Licensed Embalmer No. 3295

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)