REC'D JUN 8 1938

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

18929
Do not use this space.

1. PLACE OF DEATH
(a) County Montgomery
(b) Township Montgomery
(c) City Montgomery
Registration District No. 592
Primary Registration District No. 4350
Registered No. 16
(d) Street No. ..... St.
(e) Length of residence in city or town where death occurred 65 yrs. mos. ds. (If death occurred in Hospital or Institution, write its name instead of street and number) (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mollie Grant (Mary) 653
(a) Residence, No. ..... St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Williard Grant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1 1866

7. AGE: Years 72 | Months 1 | Days 12 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife
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 45

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery City Missouri 0

FATHER
13. NAME Unkown 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unkown 0

MOTHER
15. MAIDEN NAME Adeline Kiser
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery County Missouri

17. INFORMANT Leslie Pate
(ADDRESS) Montgomery City Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Montgomery Cemetery May 15 1938

19. FUNERAL DIRECTOR (NAME) J. A. Marlow
(ADDRESS) Montgomery City Missouri

20. FILED May 14 1938 Bull Memphis
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 2 1937 to May 13 1938
I last saw her alive on May 13 1938 Death is said to have occurred on the date stated above, at 11 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Chronic Myocarditis with cardiac decompensation	8-2-37
2. Chronic Nephritis	4-20-38
3. Alcoholic Chronic	8-2-37

Other contributory causes of importance:
Blind

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. 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 None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) E. L. T. Anderson M. D.
(Address) Montgomery City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.