

JUL 17 1938

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

Do not use this space.

23050

1. PLACE OF DEATH

County Saline Registration District No. 796
Township Marshall Primary Registration District No. 6039
City (No. _____) St. _____ Ward _____

File No. _____
Registered No. 97

2. FULL NAME

(a) Residence, No. Slater, R.R. #5 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

MEDICAL CERTIFICATE OF DEATH

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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 8-1841

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>97</u>	<u>10</u>	<u>8</u>		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Work
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) Kentucky

13. NAME Tom Grant

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

15. MAIDEN NAME Don't know

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

17. INFORMANT Mary Cassidy
(ADDRESS) Slater, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Slater, Mo DATE Aug-16-38

19. UNDERTAKER Jones & Co
(ADDRESS) Slater, Mo

20. FILED 6-15-38 Mary Grant Registrar

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

22. I HEREBY CERTIFY That I attended deceased from held inquest to June 24, 1938

I last saw him alive on _____ 19____ Death is said to have occurred on the date stated above, at _____ a.m.

The principal cause of death and related causes of importance were as follows:
Senility; age 97 years Date of onset _____

Other contributory causes of importance: 167

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? _____ 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? No

If so, specify _____

(Signed) B. C. Bradshaw M. D.
(Address) Arrow Rock Mo
Carroll Saline Co Mo

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.

