

0290 FEB 24 1939

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

Do not use this space.

2875

1. PLACE OF DEATH

County Lawrence
Township Mt. Vernon
City Lawrence (No. County Home)

Registration District No. 470
Primary Registration District No. 5633

File No. _____
Registered No. 14 (St. _____ Ward)

2. FULL NAME Miss Minnie Grier

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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) Jan. 29, 1882

7. AGE YEARS 56 MONTHS 11 DAYS 27 IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, 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) Cafton, (STATE OR COUNTRY) Texas

FATHER 13. NAME John Grier

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

MOTHER 15. MAIDEN NAME Harriett Sailor

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

17. INFORMANT J. T. Grier (ADDRESS) Miller, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Miller, Mo. Jan. 25, 1939
Sycamore, Cem.

19. UNDERTAKER (ADDRESS) Fossett Funeral Home Mt. Vernon, Mo.

20. FILED Jan 26, 1939 P. A. Holmes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1938 to Jan. 26, 1939

I last saw her alive on Jan. 24, 1939 Death is said to have occurred on the date stated above, at 8: a.m.

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

Apoplexy

Date of onset

4, 15, 38

Other contributory causes of importance:

Second Attack Apoplexy1-4-39Name of operation none Date of _____What test confirmed diagnosis? Clinical 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? _____

If so, specify _____

(Signed) P. A. Holmes, M. D.(Address) Mt. Vernon, Mo.

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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.

RECEIVED

District Health Officer No. 6,

District File Number 6-39-293

Date Filed FEB 16 1939