MAY 11 1939

720

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

Do not use this space.

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14339

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462

1. PLACE OF DEATH
County: Buchanan
Township: Washington
City: St Joseph Mo (No. St. Hosp # 2 St. Ward)
Registration District No.
Primary Registration District No.
File No.
Registered No.

2. FULL NAME: John Mc Gruder
(a) Residence, No. Bethel Mo St., Ward. Bethel Mo.
(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: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: (Unk) Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): ? - ? - 1871
7. AGE: Years 68; Months ?; Days ?; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
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) (STATE OR COUNTRY): Unknown

FATHER
13. NAME: Geo Mc Gruder
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Dollie Thomas
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

17. INFORMANT (ADDRESS): State Hospital Records St Joseph Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE: St Hosp Cem DATE: 5-4-39, 19
19. UNDERTAKER (ADDRESS): Graves Fun-Home 506 S. 11th St
20. FILED: May 4, 1939 A J Nestlebush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apr 30 - 1939

22. I HEREBY CERTIFY, That I attended deceased from June 2d, 1907, to Apr 30 —, 1939
I last saw him alive on Apr 30, 1939. Death is said to have occurred on the date stated above, at 2 45 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Indef
?	
Other contributory causes of importance: Arteriosclerosis	Indef

Name of operation: None Date of
What test confirmed diagnosis? Clin 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: None
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) D S Miles, M. D.
(Address) State Hospital # 2

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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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I, A. T. Moore, Licensed Embalmer No. 948 hereby ceritfy that the body ~~Recorded~~ Recorded on the reverse side of this certificate was embalmed by me. License No. 948.

Signed A. T. Moore.

Licensed Embalmer No 948.