REC'D MAY 18 1939

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

Do not use this space.

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.

1. PLACE OF DEATH
County Lewis — Registration District No. 477 — File No. 15359
Township Canton — Primary Registration District No. 5641 — Registered No. 19
City ~~Canton, Mo~~ (No. R.F.D #3 St. Ward)

2. FULL NAME Mary Grelk
(a) Residence, No. Canton, Mo St., RFD #3 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS	
3. SEX	Female
4. COLOR OR RACE	White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF	John Grelk (Deceased
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)	June 13 1852
7. AGE — YEARS / MONTHS / DAYS / If LESS than 1 day, hrs. or min.	87 / 10 / 5
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	In her home
10. Date deceased last worked at this occupation (month and year)	May 1933
11. Total time (years) spent in this occupation	60 yrs
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	Paris France
FATHER 13. NAME	Anton Minch
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	Holstein Germany
MOTHER 15. MAIDEN NAME	Elizabeth Breiner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	Alsace Lorraine France
17. INFORMANT (ADDRESS)	John A Moellen, Canton Mo.
18. BURIAL, CREMATION, OR REMOVAL — PLACE / DATE	Farmington Ia / Apr. 20, 1939
19. UNDERTAKER (ADDRESS)	Robt. P. Gregory #3656, Keokuk, Ia
20. FILED	apr. 20 1939 H. W. Harris M.D. Registrar.

430

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1934, to , 19

I last saw her alive on apr. 8, 1939. Death is said to have occurred on the date stated above, at 5:3 A.m.

The principal cause of death and related causes of importance were as follows: Cerebral Softening — Date of onset [illegible]

Other contributory causes of importance: Senile Dementia — 1939

Name of operation none Date of

What test confirmed diagnosis? [illegible] 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 , 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) H. W. Harris, M. D.
(Address) Canton Mo.

Dr Hanna
Contr Dr

RECEIVED
District Health Officer No. 10
District File Number 10-39-816
Date Filed MAY 3 1939