

FILED AUG 1 1940

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

26166

Do not use this space.

1. PLACE OF DEATH

(a) County Stn Francois 2 Registration District No. 771
(b) Township Iron 0 Primary Registration District No. 4469
(c) City Bismarck (Rural) (d) Street No. 607 Registered No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Catherine Mary Grider

(a) Residence, No. Bismarck (Rural) St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harry Grider

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/7/1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 4 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Housekeeper
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) Alton Q ILL

FATHER 13. NAME Wm D. Devine

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Liverpool Eng.

MOTHER 15. MAIDEN NAME Mary J. Devine

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alton ILL

17. INFORMANT (ADDRESS) H. L. Grider
Bismarck Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bismarck DATE 7-25-1940

19. FUNERAL DIRECTOR (ADDRESS) White & Hill
Bismarck Mo

20. FILED July 25 - 1940 J. W. Gale Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7 24 1940 19

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1940, to July 24, 1940.

I last saw him alive on 7 24 40, 1940. Death is said to have occurred on the date stated above, at 4:30 p. m.

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

Hemorrhage of Stomach

Date of onset

Other contributory causes of importance:

Ulcer (Pyloric)

Name of operation no Date of no

What test confirmed diagnosis? no 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 no, 1940

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 James H. Huffman
(Signed) James V. Huffman M.D.
(Address) Bismarck 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.

STATEMENT BY LICENSED EMBALMER

I, C. J. Hill, Licensed Embalmer No. 1852
hereby certify that the body recorded on the reverse side of this certificate was embalmed by No Embalmer
✓ L. E. _____
No. _____ or by ✓ _____, Registered Apprentice No. _____
working under my personal supervision.

Signed C. J. Hill
Licensed Embalmer No. 1852

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