

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

Do not use this space.

33385

1. PLACE OF DEATH
 County Henry Registration District No. 347
 Township Honey Creek Primary Registration District No. 5491
 City (No.) St. (Ward)

2. FULL NAME Marguerite June Grasher
 (a) Residence No. 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

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) 6-29-1926
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 3 22 _____
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work None
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____
 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO
 10. NAME OF FATHER Albert Grasher
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) MO
 12. MAIDEN NAME OF MOTHER Amie Butz
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) MO

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct-21-1928
 17. HEREBY CERTIFY That I attended deceased from Oct. 14 1928, to Oct-21 1928, and that I last saw her alive on Oct. 21 1928, and that death occurred, on the date stated above, at _____ m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Malarial fever
38 (duration) yrs. mos. ds.
17 1/2
 CONTRIBUTORY (SECONDARY) Colitis (duration) yrs. mos. ds. 4
 18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: at place of death
 DID AN OPERATION PRECEDE DEATH: _____ DATE OF _____
 WAS THERE AN AUTOPSY: no
 WHAT TEST CONFIRMED DIAGNOSIS: Physioid signs
 (Signed) V. J. Smith, M. D.
 , 19 (Address) Utah MO

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
 19. PLACE OF BURIAL, CREMATION, OR REMOVAL Norris Cemetery DATE OF BURIAL 10-22 1928
 20. UNDERTAKER Wm. Simpson ADDRESS Clinton
per Jt REGISTRAR

14. INFORMANT Albert Grasher
 (Address) Hartwell MO
 15. FILED Oct-22 1928 Dr. E. C. Peelo REGISTRAR

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.

