

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

Do not use this space.

18633
45

1. PLACE OF DEATH

County St. Charles
Township Richman
City Richman (No.) St. Ward)

Registration District No. 461
Primary Registration District No. 3024

File No.
Registered No.

2. FULL NAME

(a) Residence. No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 John Grandstaff

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 30-1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
70 4 16

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) at Home
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Saline Co Mo
(STATE OR COUNTRY)

10. NAME OF FATHER John Thompson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Georgia
(STATE OR COUNTRY) Sarah Scott

12. MAIDEN NAME OF MOTHER Missouri

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

14. INFORMANT John Grandstaff
(Address) Richman Mo

15. FILED May 17 29 G. D. Cape REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 16 1929

17. I HEREBY CERTIFY, That I attended deceased from July 4 1927 to May 16 1929, and that I last saw her alive on May 14 1929, and that death occurred, on the date stated above, at 4:10 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Interstitial Nephritis
arteriosclerosis general
Hypertension
131 (duration) 2 yrs. mos. da.

CONTRIBUTORY (SECONDARY) 1 1/2 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRIBUTED 1290
IF NOT AT PLACE OF DEATH, DATE OF

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) A. J. Chubbey, M. D.

(Address) May 17, 1929

*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 DATE OF BURIAL

Richman Mo May 19 1929

20. UNDERTAKER Ernest Regert ADDRESS Richman 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.

JUN 26 1929

1-1-29

