JUL 26 1929

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

Do not use this space.

22025

1. PLACE OF DEATH

County Macon — Registration District No. 533 — File No.

Township Hudson — Primary Registration District No. 5713 — Registered No. 52

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Reginal Eugene Grant.

(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: Male
4. COLOR OR RACE: Black
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) Feb 6 1929

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	4	12	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work ✓
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Macon
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Elmo Grant
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... Mo
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Hilda Allen
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... Mo.
(STATE OR COUNTRY)

14. INFORMANT Elmo Grant
(Address) Macon, Mo.

15. FILED 6/30 1929 Mrs Luke Hunkler
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 18 1929

17. I HEREBY CERTIFY, That I attended deceased from June 16, 1929 to June 18, 1929 that I last saw him alive on June 18, 1929 and that death occurred, on the date stated above, at 6:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia Bronchi
107A
194B (duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (SECONDARY) Exposure
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 100 W

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

6/19 (Signed) J. M. Rainey, M. D
1929 (Address) Macon 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: Oakridge Family Cem.
DATE OF BURIAL: 6/19 1929

20. UNDERTAKER: Stephens & Goodding
ADDRESS: Macon, Mo.

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.