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.

JUL 23 193

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

Do not use this space.

20747

File No.

Registered No. 140

1. PLACE OF DEATH

County: Callaway — Registration District No. 104

Township: Fulton — Primary Registration District No. 3008

City: Fulton (No. 4 St. Ward)

2. FULL NAME: Grover Fenton

(a) Residence, No. Howard Co Mo 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: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs Grover Fenton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): No information

7. AGE: Years 40 | Months 4 | Days 4 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

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): Missouri

FATHER

13. NAME: D.K.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): D.K.

MOTHER

15. MAIDEN NAME: D.K.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): D.K.

17. INFORMANT (ADDRESS): State Hospital Records

18. BURIAL, CREMATION, OR REMOVAL: Mt Pleasant Cemetery
PLACE: Higbee Mo DATE: June 29 193

19. UNDERTAKER (ADDRESS): Hendon & Taylor

20. FILED: [illegible] 193 R. McCrewa Registrar.

MEDICAL CERTIFICATE OF DEATH

5

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 28 1931

22. I HEREBY CERTIFY, That I attended deceased from June 1 1931, to June 27 1931

I last saw him alive on June 27 1931. Death is said to have occurred on the date stated above, at 1:15 a m.

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

	Date of onset
Heat Exhaustion occurring in a manic depressive with extreme depression, suicidal determination to die by starvation & thirst.	

Other contributory causes of importance:
Chronic Myocardial degeneration with hypertension

Name of operation: Date of

What test confirmed diagnosis? 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: Mt Pleasant

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. R. Frazier, M. D.

(Address) Fulton State Hospital