

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

Do not use this space.

23672

1. PLACE OF DEATH

80 County Pettis Registration District No. 668
Township Sudalia Primary Registration District No. 3032
8 City Sudalia (No. 1012)

File No. _____
Registered No. 200
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1012 E 20 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 Leatie M^o Grady
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 23 1872
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 11 7

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) Summidge Mo

13. NAME Daniel M^o Grady

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME unk

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 31

17. INFORMANT Mrs Ostray Robertson

18. BURIAL, CREMATION, OR REMOVAL PLACE Mem Park DATE 8-1 1932

19. UNDERTAKER Epiphany Home

(ADDRESS) Sudalia Mo

20. FILED 7-31 1932 JLM Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30th 1932
22. I HEREBY CERTIFY, that I attended deceased from July 15 1932 to July 30th 1932
I last saw him alive on July 30 1932 Death is said to have occurred on the date stated above, at 10:30 a.m.
The principal cause of death and related causes of importance were as follows:

Date of onset _____
Chromyocarditis 1 ?
Other contributory causes of importance: 930
Hemiplegia - Left 1 Day

Name of operation none Date of _____
What test confirmed diagnosis? Funding Are 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 _____ 19 _____
Where did injury occur? none (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? _____
If so, specify no
(Signed) Jos B. Ouellet, M. D.
(Address) 314 Ohio Street
Sudalia Mo

WRITE PLAIN WITH UNFADING INK---THIS IS A PERMANENT RECORD

V. S. NO. 2

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.

AUG 25 1932

