

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

Do not use this space.

84057

1. PLACE OF DEATH

County Andrew Registration District No. 26
 Township Satterlee Primary Registration District No. 3002
 City Mexico Mo. (No. 604 - C. Buchanan) St. _____ Ward _____

File No. _____
 Registered No. 181

2. FULL NAME

Infant of Raymond Grant - Not named

(a) Residence. No. _____ St. 4 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) _____

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 20-1932

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, <u>1</u> hr. or <u>—</u> min.
<u>No age</u>	—	—	—	—

8. OCCURATION 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) Mexico Mo.
 (STATE OR COUNTRY) Andrew Co

PARENTS

10. NAME OF FATHER Raymond Grant

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Glady's Terry

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

14. INFORMANT Raymond Grant
 (Address) Mexico Mo

15. FILE NO. 21 1932 - Ira S. Milligan
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 20 1932

17. I HEREBY CERTIFY, That I attended deceased from _____
Nov 20, 1932 to Nov 20, 1932
 that I last saw her alive on Nov 20, 1932 and that death occurred, on the date stated above, at 2:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature birth

34
159 gms

(duration) yrs. mos. da.

CONTRIBUTORY Issues Hereditary
 (SECONDARY)

(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) R. S. Williams, M. D.

, 19 (Address) Mexico 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 DATE OF BURIAL

Mexico Greenwood Cem 11-21 1932

20. UNDERTAKER ADDRESS

H. A. Preece Mexico 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.

JAN 7 1933

