

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

Do not use this space.

30219

1. PLACE OF DEATH

County Macon Registration District No. 534
 Township Primary Registration District No. 4319
 City New Cameron (No.) St. Ward

2. FULL NAME

William H. Grant Jr
 (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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Clara Grant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 15 - 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 1 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Pharmacist
 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) New Castle Canada

13. NAME William H. Grant

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

15. MAIDEN NAME Mary A. Moulton

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

17. INFORMANT Mrs Clara Grant
 (ADDRESS) New Cameron Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE New Cameron DATE Sept 18 1933

19. UNDERTAKER J. E. Wilkerson
 (ADDRESS) New Cameron Mo

20. FILED 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 16 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 2 1933 to Sept 16 1933
 I last saw him alive on Sept 16 1933 Death is said to have occurred on the date stated above, at 12 P.M.

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

Paralysis Aged Date of onset 1928
87B JMB

Other contributory causes of importance

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

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
 Nature of injury

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

If so, specify
 (Signed) Opulent M. D.
 (Address) New Cameron 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.

WRITE WITH ENFADING INK...THIS IS A PERMANENT RECORD

OCT 20 1933

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