

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

Do not use this space.

FEB 27 1934

2300

1. PLACE OF DEATH

County St. Charles Registration District No. 260 File No. 44-55
 Township Wentzville Primary Registration District No. 1 Registered No. 1
 City Wentzville (No.) St. Ward

2. FULL NAME

(a) Residence, No. St. Ward
 (Usual place of abode)
 Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 Lillie McGrant
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 19 - 1854
 7. AGE YEARS 79 MONTHS 2 DAYS 13 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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) Overton, Mo

13. NAME Don't know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know Virginia

15. MAIDEN NAME Pollard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know Don't know

17. INFORMANT (ADDRESS) Ethelma Rothbarney Hays Center Neb

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Highland Park Jan 9 1934

19. UNDERTAKER (ADDRESS) Wentzville, Mo.

20. FILED 1/9 19 34 W. Caldwell

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 7 19 34
 22. I HEREBY CERTIFY that I attended deceased from Jan 7 1934, to Jan 7 1934
 I last saw him alive on Jan 7 1934 Death is said to have occurred on the date stated above, at 6:30 p. m.
 The principal cause of death and related causes of importance were as follows:

Angina Pectoris Date of onset
Chronic Indigestion
 Other contributory causes of importance

Name of operation Date of
 What test confirmed diagnosis Clinical 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? No
 If so, specify
 (Signed) W. Caldwell, M. D.
 (Address) Wentzville Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

MOTHER FATHER

