APR 23 1936

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

Do not use this space.

16458

1. PLACE OF DEATH
County: Polk
Township: Benton
City: Halfway (No. ..... St. ..... Ward)
Registration District No. 703
Primary Registration District No. 5934
File No. .....
Registered No. 4

2. FULL NAME: James Benjamin Grant
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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~~ Rose Ella Grant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 7 - 1861

7. AGE: YEARS 74 | MONTHS 7 | DAYS 26 | 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): Greene Co Mo

FATHER
13. NAME: Not Known
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ✓

MOTHER
15. MAIDEN NAME: ✓
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ✓

17. INFORMANT (ADDRESS): Raymond Grant Halfway Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Reed DATE: 4/4 1936

19. UNDERTAKER (ADDRESS): Hutcheson Bros Bolivar Mo

20. FILED 4-4 1936 Mary Gamel Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apr 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr, 1931, to Apr, 3, 1936
I last saw him alive on July, 1935. Death is said to have occurred on the date stated above, at 1230 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral insufficiency	
Insufficiency	
922	

Other contributory causes of importance:

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 .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) T D Hinkle, M. D.
(Address) Halfway 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.