DEC 3 1936

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

Do not use this space.

42703

**1. PLACE OF DEATH**

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. ....., BARNARD SKIN + CANCER HOSPITAL St. ..... Ward)

File No. .....

Registered No. 11211

**2. FULL NAME** JAMES A GRANT

(a) Residence, No. ..... St., NR Ward. PRICETON KY.
(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: M.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: IDA V. GRANT

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): JAN 31 1880

7. AGE: YEARS 56 | MONTHS 9 | DAYS 6 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming.
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): Kentucky

FATHER

13. NAME: G. W. GRANT
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): KENTUCKY

MOTHER

15. MAIDEN NAME: SALEY STANLEY
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): UNKNOWN

17. INFORMANT (ADDRESS): IDA V. GRANT PRICETON, KY.

18. BURIAL, CREMATION, OR REMOVAL
PLACE PRICETON KY DATE 10-9 1936

19. UNDERTAKER (ADDRESS): ALBERT H. HOPPE INC 429 No. EUCLID

20. FILED NOV 11 1936 J. Biedeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1936 to Nov 7, 1936
I last saw him alive on Nov. 7, 1936 Death is said to have occurred on the date stated above, at 6:50 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Tetanus | 11-5-36 |
| Carcinoma skin left lower jaw | 1 yr. |

Other contributory causes of importance: 22

Name of operation Cautery ercis Date of 11-3-36
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? Yes
If so, specify Farmer — Tetanus spores
(Signed) Pearson E. Kellogg, M. D.
(Address) 3427 Washington

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 PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1 X7294

Jim Trout