

DEC 8 1936

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

Do not use this space.

45773

1. PLACE OF DEATH

County PhelpsRegistration District No. 677

File No.

Township

Primary Registration District No. 4403Registered No. 140City Rolla(No. Rolla, Hospital)

St. Ward

2. FULL NAME Mr. William R. Grace(a) Residence, No. Hickory, Missouri St. Ward. Hospitalized

(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

Mar O. Grace

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Feb. 13, 1873

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

43920

OCCUPATION

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

Constable

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)

Dec. 1, 1936

11. Total time (years) spent in this occupation

2 year

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ellis Prairie, Missouri, USA.

FATHER

13. NAME

George C. Grace

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

Tennessee

MOTHER

15. MAIDEN NAME

Isabelle A. Gardner

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

Tennessee

17. INFORMANT (ADDRESS)

Ruth Shackelford, Houston, Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Houston, Mo

DATE

Dec. 6, 1936

19. UNDERTAKER (ADDRESS)

Ferguson & Smith, Hickory, Missouri

20. FILED

Dec. 6, 1936 Joe F. Myers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 5, 193622. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1936, to Dec. 5, 1936I last saw him alive on Dec. 4, 1936. Death is saidto have occurred on the date stated above, at 2:35 a.m.

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

Tampon from a strangulated inguinal hernia.

Date of age

Other contributory causes of importance:

Name of operation Nernstomy Date of 12-1-36What 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)

(Address)

W. H. Starling, Rolla, Mo.

WRITE PLAINLY, WITH OUTFORMING MARKS

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.

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