JUL 27 1937

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

Do not use this space.

23398

File No.
Registered No.

1. PLACE OF DEATH
County Cass
Township Austin
City (No. St. Ward)
Registration District No. 147
Primary Registration District No. 5310

2. FULL NAME William Grant Mouse

(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~~ Mary D. Mouse

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 29, 1877

7. AGE: Years 60 | Months 4 | Days 8 | 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) Mouth of Seneca
(STATE OR COUNTRY) West. Va.

FATHER
13. NAME M. H. Mouse
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Va.

MOTHER
15. MAIDEN NAME Molly Largent
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West. Va.

17. INFORMANT Mary D. Mouse
(ADDRESS) Archie, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Crescent Hill DATE June 8 1937

19. UNDERTAKER Atkinson & Easterla.
(ADDRESS) Archie, Mo.

20. FILED June 8 1937 Mrs Dora Cedar
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6 — 1937

22. I HEREBY CERTIFY, That I attended deceased from 20 days Jan 1937, to June 6 — 1937
I last saw him alive on June 5 — 1937. Death is said to have occurred on the date stated above, at 10:40 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Mitral Insufficiency	About Jan 1937

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) B. B. Tout, M. D.
(Address) Archie, 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.