

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.

MAY 26 1939

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

Do not use this space.

14538

1. PLACE OF DEATH

17 County Cass Registration District No. 158
Township Woolly Primary Registration District No. 5223
City (No.) St. Ward

File No.

Registered No. 10

2. FULL NAME

William Henry 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Molly Grant</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 20, 1868</u>		
7. AGE	YEARS <u>70</u>	MONTHS <u>4</u>
	DAYS <u>8</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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) <u>Apr. 1939</u>	
	11. Total time (years) spent in this occupation <u>life</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Edwardsville Ill.</u>		
FATHER	13. NAME <u>Thomas Grant</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>	
MOTHER	15. MAIDEN NAME <u>Mary Ellen Robinson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>	
17. INFORMANT (ADDRESS) <u>Mrs. C. A. Barr Eldorado, Kansas</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Belton, Mo</u> DATE <u>4/30</u> 19 <u>39</u>		
19. UNDERTAKER (ADDRESS) <u>C. R. George & Sons Belton, Mo.</u>		
20. FILED <u>4-30</u> 19 <u>39</u> <u>R. M. Miller</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)	<u>4/28</u>	19 <u>39</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>4-28</u> , 19 <u>39</u> , to <u>4-28</u> , 19 <u>39</u> I last saw him alive on <u>4-28</u> , 19 <u>39</u> Death is said to have occurred on the date stated above, at <u>1:50 p.m.</u> The principal cause of death and related causes of importance were as follows: <u>myocarditis</u> <u>about May 1934</u> Date of onset		
Other contributory causes of importance: <u>ABC</u>		
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) <u>R. M. Miller</u> , M. D. (Address) <u>Belton Mo</u>		

