

SEP 6 1939

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

28078
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 395
 (b) Township Howe Primary Registration District No. 1002
 (c) City Howe Mo (d) Street No. 17 C Sen Joseph Registered No. 3080
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 3544 Central St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Marie Grady
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov - 24 1903
 7. AGE YEARS 35 MONTHS 8 DAYS 7 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Bellman
 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) Mo
 13. NAME Tom Grady
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
 15. MAIDEN NAME Elsie Cook
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa
 17. INFORMANT (ADDRESS) Records Dept 17 C Sen Joseph
 18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill DATE Aug 3 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Gates
 20. FILED 92 19 39 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-1-39 19
 22. I HEREBY CERTIFY, That I attended deceased from 7-28-39 19 to 8-1-39 19
 last saw him live on 8-1-39 19 Death is said to have occurred on the date stated above, at m.
 The principal cause of death and related causes of importance were as follows:
Unresolved Bronch Date of onset
pneumonia with
Primary Infarct
 Other contributory causes of importance: 107a
 Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? Yes
 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) P. H. De Maria M.D.
Dr. J. C. Sen Joseph

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.