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

35

DEC 25 1939

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

Do not use this space.

File No. 39508

Registered No.

1. PLACE OF DEATH
County Dunklin
Township
City Buffalo (No. , St. Ward)

Registration District No. 783
Primary Registration District No. 5402

2. FULL NAME Henry D. Grady
(a) Residence, No. Cardwell Rt. I St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 50 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 Grady

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March, 10, 1870

7. AGE: Years 69 | Months 5 | Days 28 | 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 Life

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

FATHER
13. NAME W.B. Grady
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lexington Ky

MOTHER
15. MAIDEN NAME Ruthie Counts
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Peoria Ill

17. INFORMANT Earl Grady
(ADDRESS) Cardwell, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Center Hill Ark DATE 9/10/39, 19

19. UNDERTAKER Emerson Burns
(ADDRESS) Hamiltonville Mo

20. FILED 11-15, 1939 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/8, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3/28/32, 19 to 9/8, 19 39
I last saw him alive on 1m 3;30P.M. 9/8 39, 19 Death is said to have occurred on the date stated above, at 3;30P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Rupture of Aortic Arch	9/8/39
Arteriosclerosis	6/28/39

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Dissection 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? No
If so, specify
(Signed) LeRoy French, M. D.
(Address) Cardwell

RECEIVED
District Health Officer No. 3,
District File Number 1239-685
Date Filed 12/4/39