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

FEB 9 1937

Do not use this space.

1. PLACE OF DEATH
County St Francois — Registration District No. 775 — File No. 2874
Township Terre — Primary Registration District No. 6020-A. — Registered No. 10
City Bonne Terre Mo (No. ..... St. ..... Ward)

2. FULL NAME Mary Magdalen Grandhomme

(a) Residence, No. ..... Bonne Terre Mo 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Phillip J Grandhomme

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 2. 1867

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	69	11	26	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

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) Stabbtown Missouri

FATHER

13. NAME Wendell Falk

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

MOTHER

15. MAIDEN NAME Teresa Falk

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

17. INFORMANT (ADDRESS) Joseph Grandhomme Bonne Terre Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Catholic Cemetery Bonne Terre Mo DATE Jan 30 1937

19. UNDERTAKER Benkendorf & Co
(ADDRESS) Bonne Terre Mo

20. FILED Jan 30, 1937 N. W. Hawkins
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 28. 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 12, 1937, to Jan. 28, 1937, last saw h.. alive on Jan 27, 1937. Death is said to have occurred on the date stated above, at 7.25 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular-renal disease	1936.
Other contributory causes of importance: Thrombosis left popliteal artery with gangrene of left leg.	1/5/37.

Name of operation Amputation Left Thigh Date of 1/13/37.
What test confirmed diagnosis? Physical findings Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No. 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) David Edwards, M. D.
(Address) Bonne Terre, 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.

$$\begin{array}{r} 1937 - 12 - 15 \\ 1881 - 3 - 17 \\ \hline 55 - 9 - 28 \end{array}$$

$$\begin{array}{r} 1937 \\ 79 \\ \hline 1858 \end{array}$$

$$\begin{array}{r} 1937 - 12 - 36 \\ 1858 = 79 \\ \hline 79 \quad 2 - 7 \end{array}$$