

REC'D JUL 14 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

22834  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Francois Registration District No. 773  
 (b) Township St. Francois Primary Registration District No. 6018A Registered No. 73  
 (c) City Farmington (d) Street No. State Hospital No. 4 Farmington  
 (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 Eve DeGrant

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 John De Grant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-21-1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
58 1 10

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework  
 9. Industry or business in which work was done, as 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) Bollinger County (STATE OR COUNTRY) Missouri

13. NAME Joseph Crader

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

15. MAIDEN NAME Sarah Club

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT State Hospital No. 4 Records (ADDRESS) Farmington, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Doe Run, Mo. DATE 6-3-38  
I.O.O.F Cemetery Caldwell Brothers

19. FUNERAL DIRECTOR (ADDRESS) Flat River, Mo.

20. FILED June 3 1938 739 Robinson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1st, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1937, to June 1st, 1938  
 I last saw him alive on June 1st, 1938. Death is said to have occurred on the date stated above, at 3:00 P. m.  
 The principal cause of death and related causes of importance were as follows:

Apoplexy  
g.j.w.  
 Other contributory causes of importance: Central arteriosclerosis 1932

Name of operation ..... Date of .....  
 What test confirmed diagnosis Chin. - Feb. 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) Paul J. Schrader M.D. M. D.  
 (Address) State Hospital No. 4 Farmington, 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.

MARRIAGE RECORD

1-AP-204

STATEMENT BY LICENSED EMBALMER

I, W A Caldwell ..... Licensed Embalmer No. 3317

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. .... or by ..... Registered Apprentice No. ....

working under my personal supervision.

Signed W A Caldwell

Licensed Embalmer No. 3317

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.)