

SEP 26 1927

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

Do not use this space.

23627

1. PLACE OF DEATH

County BuchananRegistration District No. 85

File No.

Township

Primary Registration District No. 1001Registered No. 485City St. Joseph,(No. St. Joseph's Hospital)

St. Ward)

2. FULL NAME James Richard Grable,(a) Residence. No. 1622 South 22nd St., Ward.
(Usual place of abode) (If nonresident give city or town and State)Length of residence in city or town where death occurred 27 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 Anna Grable,6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 3, 1858

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1
day, hrs.
or min.

69

2

0

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Special Officer(b) General nature of industry, business, or establishment in which employed (or employer) Stock Yards Co.,(c) Name of employer St. Joseph Stock Yards Co9. BIRTHPLACE (CITY OR TOWN) Buchanan County,
(STATE OR COUNTRY) Missouri,10. NAME OF FATHER Cyrus Grable,11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Unknown,12. MAIDEN NAME OF MOTHER Lavina Meadows,13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Unknown,

14.

INFORMANT Mrs. Jas. R. Grable
(Address) 1622 South 22nd Street.

15.

FILED 485 1927 John G. W. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 3 192717. I, HEREBY CERTIFY, That I attended deceased from 2nd
August 27, 1927, to August 31, 1927
that I last saw him alive on Aug 3, 1927 and that
death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bright's disease
(Chronic) 131
930CONTRIBUTORY Myocarditis Chronic
(SECONDARY) (duration) yrs. mos. ds.18. WHERE WAS DISEASE CONTRACTED St Joseph Mo
IF NOT AT PLACE OF DEATH:DID AN OPERATION PRECEDE DEATH? No DATE OF:WAS THERE AN AUTOPSY? NoWHAT TEST CONFIRMED DIAGNOSIS? Clinical findings
(Signed) Leda Hiley M. D.4/6, 1927 (Address) St Joseph Mo.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state
(1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or
HOMICIDAL.19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mount Mora Cemetery
DATE OF BURIAL Aug. 6th 1927.20. UNDERTAKER Heaton-Bigole Und Co
ADDRESS 310 S. 10 St.by J. M. Harbo

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.

