

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

Do not use this space.

27217

1. PLACE OF DEATH **U.S.V.Hosp. #67**

County **Jackson**

Registration District No. **399**

Township **Kaw**

Primary Registration District No. **1007**

City **Kansas City, Mo.**

(No. **U.S. Veterans Hospital**)

File No. **10485**

Registered No. **3480**

St. _____ Ward _____

2. FULL NAME **Grabeal, George Frank**

C-1 218 392 WOE

(a) Residence. No. **Drexel, Missouri** St. _____ 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

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 **Minnie Grabeal**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **March 19, 1892**

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, _____ hrs. or _____ min.

35

6

21

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Farmer**

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **Rich Hill**

(STATE OR COUNTRY) **Missouri**

10. NAME OF FATHER **Elijah Grabeal**

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) **Unknown**

12. MAIDEN NAME OF MOTHER **Mary Gambell**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) **Missouri**

14. INFORMANT **Mrs. Minnie Grabeal**

(Address) **Drexel, Missouri.**

15. FILED **9/11 27 M.M. Brown**

REGISTRAR **Asst**

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Sept. 10 1927**

17.

I HEREBY CERTIFY, That I attended deceased from **September 1, 1927**, to **Sept. 10, 1927**, that I last saw him **im** alive on **Sept. 10, 1927** and that death occurred, on the date stated above, at **12:30 A.M.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral Stenosis; Auricular fibrillation

92A
95A Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) **90A** yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: **Unknown**

0 DID AN OPERATION PRECEDE DEATH? **No** DATE OF _____

WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS? **Physical examination.**

R.C.R. 9/11 **E.J. ROSE**, M.D. Medical Officer in Charge. **U.S.V.Hosp. #67 Kansas City, 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 **Drexel Mo** DATE OF BURIAL **9/11 1927**

20. UNDERTAKER **Westford Undertakers** ADDRESS **Kc Mo**

K. 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.

DEPARTMENT RECORD

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THE UNIVERSITY OF CHICAGO

PHYSICS DEPARTMENT

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