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

Do not use this space.
36618

1. PLACE OF DEATH
County: Grundy
Township: Tarlton
City: Brimson Mo. (No. ..... St. ..... Ward)
Registration District No. 333
Primary Registration District No. 5464
File No. 2
Registered No. 68

2. FULL NAME: A. J. Grubb.
(a) Residence. No. ..... Brimson Mo. 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~~ Jeanette Grubb

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb 15-1856

7. AGE: Years 71 | Months 10 | Days | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED: Retired
(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) ..... (STATE OR COUNTRY) Grubbtown Wash.

PARENTS
10. NAME OF FATHER — Grubb.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Washington
12. MAIDEN NAME OF MOTHER Manda Kepp
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Richmond Mo.

14. INFORMANT Mrs A. J. Grubb
(Address) Brimson Mo.

15. FILED 12/18, 1927 L. S. Perry REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 15 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept. 12, 1927, to Dec. 15, 1927, that I last saw him alive on Dec. 13, 1927, and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Parenchymatous Nephritis
131 about (duration) 1 yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... ds.

1999

18. WHERE WAS DISEASE CONTRACTED? .....
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Urinalysis
(Signed) O. H. Cullers, M. D.
Dec. 16, 1927 (Address) Trenton, 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: Willis Chapple — DATE OF BURIAL: Dec 19 1927
20. UNDERTAKER: Gipson & Son — ADDRESS: Trenton 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.