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

Do not use this space.

1. PLACE OF DEATH
County Macon — Registration District No. 533 — File No. 5601
Township Hudson — Primary Registration District No. 5713 — Registered No. 10
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Frances Grigg
(a) Residence. No. ..... 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: Female
4. COLOR OR RACE: White
5. ~~SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)~~: Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 12-1835

7. AGE

YEARS	MONTHS	DAYS	If LESS than I day, ... hrs. or ..... min.
92	7	22	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At County Home 131
(b) General nature of industry, business, or establishment in which employed (or employer) 16
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wis

PARENTS
10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Mrs. John Ramsey
(Address) Macon Mo.

15. FILED 2/17, 1928 Mrs Luke Funkler REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 3 1928

17. I HEREBY CERTIFY, That I attended deceased from 10 yrs, 19.., to ..... 19.., that I last saw h..... alive on Feb 2, 1928 and that death occurred on the date stated above, at 4:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
General Toxemia
Nephrotic Chronic
(duration) 10 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Infirmities of age
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 1240
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) A M Ruins, M.D.
2/3, 1928 (Address) Macon 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: Woodlawn Cem — DATE OF BURIAL: 2/10 1928

20. UNDERTAKER: Albert Skinner — ADDRESS: Macon 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.

MAR 19 1928