L 25 1928

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

Do not use this space.

20130

**1. PLACE OF DEATH**

County Cass — Registration District No. 156 — File No.

Township Grand River — Primary Registration District No. 4090 — Registered No. 41

City Harrisonville (No. ..... St. ..... Ward)

**2. FULL NAME** Virgil Jennings Grizzle

(a) Residence. No. ..... St., ..... Ward. Blairstown Mo.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred — yrs. 8 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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 17 1907

7. AGE: Years 20 — Months 11 — Days — If LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Lineman Helper
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: McPublic Service Co

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: Wm L. Grizzle
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Tenn
12. MAIDEN NAME OF MOTHER: Lou Lively
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Missouri

14. INFORMANT: W. L. Grizzle
(Address): Blairstown Mo.

15. FILED 6/18 1928 D S Long REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 17 1928

17. I HEREBY CERTIFY, That I attended deceased from 6-8-1928, to 6-17-1928, that I last saw him alive on 6-17-1928, and that death occurred, on the date stated above, at 5 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Fracture to Base of Skull from accidental fall from ladder

186A
194B
[illegible] (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Oedema of Brain &

..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

185

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) David Shaw, M. D

6/17, 1928 (Address) Hoville 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: Blairstown — DATE OF BURIAL: 6/18 1928

20. UNDERTAKER: Runnenburger Bros Ld — ADDRESS: Harrisonville

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.