

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

Do not use this space.

25917

**1. PLACE OF DEATH**

County..... Registration District No. 371

Township..... Primary Registration District No. 223

City Marion Mo (No. 3615 Clark Ave)

File No. ....

Registered No. 1777

St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 3615 Clark Ave St. 18 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 9 - 1866

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
62 | 2 | 17

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

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

10. NAME OF FATHER Chas D Grammer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Penn

12. MAIDEN NAME OF MOTHER Hannah Rouse

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Penn

14. Informant Grace Bynselmeyer  
(Address) 3615 Clark Ave

15. Filed 07 1928 New C Stark

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 26 1928

17. I HEREBY CERTIFY, That I attended deceased from July 3, 1928 to July 25, 1928 that I last saw him alive on July 25, 1928, and that death occurred, on the date stated above, at P. 409

THE CAUSE OF DEATH WAS AS FOLLOWS:

Arterio Sclerosis

CONTRIBUTORY (SECONDARY) 913 (duration) 3 yrs. - mos. - ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

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

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) Whitton Hall, M. D.  
19 (Address) 1625 Iowa Ave

\*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 Cuba Mo DATE OF BURIAL July 28 1928

20. UNDERTAKER Cumberston Mort Co ADDRESS 4234 77th Street

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.

RECORDED AND INDEXED THIS IS A PERMANENT RECORD

