

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

Do not use this space.

38956

**1. PLACE OF DEATH**

County.....  
Township.....  
City.....

Registration District No. **791**  
**1003**  
Primary Registration District No. ....

File No. ....  
Registered No. **11625**  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. **St. Marys Infirmary, 2<sup>d</sup> 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. da. 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) **Dec 29 1899**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	28	11	0	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work **Physician 12110**  
(b) General nature of industry, business, or establishment in which employed (or employer) **108 9510**  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Wasson Missouri**

10. NAME OF FATHER **Charles Grell**

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

12. MAIDEN NAME OF MOTHER **Bertrude Frederick**

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

14. INFORMANT **Chas Grell**  
(Address) **Prairie Du Rochien Mo**

15. FILED **NOV 29 1928** **Wm O Storkoff**  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Nov. 29 1928**

17. I HEREBY CERTIFY, That I attended deceased from **Sept 27 1928** to **Nov 29 1928** that I last saw h. s. m. alive on **Nov 29 1928**, and that death occurred, on the date stated above, at **1/2** m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

**Lobar Pneumonia, acute Nephritis following Operation for Appendicitis.**

(duration) yrs. mos. **2** da.  
CONTRIBUTORY (SECONDARY) **acute Nephritis, Enlargement of Heart.** (duration) yrs. mos. **10** da.

18. WHERE WAS DISEASE CONTRACTED **1011W**  
IF NOT AT PLACE OF DEATH, DATE OF **Nov 6, 1928**  
AND AN OPERATION PRECEDE DEATH, **yes**

19. WHAT TEST CONFIRMED DIAGNOSIS? **Physical Examination, Laboratory work**  
(Signed) **E. O. Brown**, M. D.  
**Nov 29 1928** (Address) **1536 Papin, St. Louis, 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 **Prairie Du Rochien Mo** DATE OF BURIAL **11-30 1928**

20. UNDERTAKER **Arthur J. Donnelly** ADDRESS **2039 North St**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

