

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

41559

**1. PLACE OF DEATH**County LincolnRegistration District No. 489Township EdgemoorPrimary Registration District No. 4293City Edgemoor (No. \_\_\_\_\_)

File No. \_\_\_\_\_

Registered No. 149

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**Andrew Grimes

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS****3. SEX**M.**4. COLOR OR RACE**B.**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**M.**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF****6. DATE OF BIRTH (MONTH, DAY AND YEAR)**1-25-80**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

85**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

Laborer

(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)

Lincoln Co Mo**10. NAME OF FATHER**Unknown**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Mo**12. MAIDEN NAME OF MOTHER**Mariah Gibson**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Mo**14.**

INFORMANT

(Address)

Neville Grimes  
Edgemoor Mo**15.**

FILED

Jan 20 1929C. E. Howell

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH****16. DATE OF DEATH (MONTH, DAY AND YEAR)** Nov 26 1928**17.**I HEREBY CERTIFY, That I attended deceased from Nov 271928, to Nov 26, 1928that I last saw him alive on Nov 26, 1928, and that death occurred, on the date stated above, at 2:00 P. m.**THE CAUSE OF DEATH WAS AS FOLLOWS:**Lobar Pneumonia  
of Right Lung  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 2 da.**CONTRIBUTORY (SECONDARY)****18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH, \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

**WHAT TEST CONFIRMED DIAGNOSIS?**

(Signed) \_\_\_\_\_

, 19 (Address) \_\_\_\_\_

G. W. McArthur, M. D.  
Edgemoor 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**

DATE OF BURIAL

Vance Cemetery 12/28 1928**20. UNDERTAKER**

ADDRESS

W. B. Bradley Edgemoor

K. 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.

WRITE PLAINLY

1957

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