

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

Do not use this space.

25285

**1. PLACE OF DEATH**

County Monroe  
Township \_\_\_\_\_  
City Paris (No. \_\_\_\_\_)

Registration District No. 582  
Primary Registration District No. 4344

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

William Henry Grubbs  
(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. 2 mos. \_\_\_\_\_ ds. How long in U.S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Grubbs</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Apr. 1, 1854</u>		
7. AGE	YEARS <u>75</u>	MONTHS <u>3</u>
	DAY <u>22</u>	IF LESS than 1 day, _____ hrs. or _____ min.

**B. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Retired Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer self.

9. BIRTHPLACE (CITY OR TOWN) Boone Co., Ky.  
(STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>Suzette Grubbs</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u>
	12. MAIDEN NAME OF MOTHER <u>M. K.</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>M. K.</u>

14. INFORMANT Mary Grubbs  
(Address) Paris, Mo.

15. FILED 7/23, 1929 H. C. Payne REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 23, 1929

17. I HEREBY CERTIFY. That I attended deceased from July 1, 1928 to July 23, 1929 that I last saw him alive on July 23, 1929 and that death occurred, on the date stated above, at 2:15 P. m.

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

Pulmonary Tuberculosis  
31 22A 99  
CONTRIBUTORY (SECONDARY) Cerebrovascular  
(duration) 1 yrs. 6 mos. \_\_\_\_\_ ds.  
(duration) 3 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_

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

DID AN OPERATION PRECEDE DEATH? NO DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS Clinical

(Signed) M. C. Mc Murray

7/23, 1929 (Address) Paris, 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 South Fork DATE OF BURIAL July 24, 1929

20. UNDERTAKER Speed & Blakey ADDRESS Paris, Mo.

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.

Aug 27 1929  
2549

