

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

Do not use this space.

34855

1. PLACE OF DEATH

County St. Francois
Township St. Francois
City Farmington, Mo. (No., St. Ward)

Registration District No. 773
Primary Registration District No. 6018A

File No.
Registered No. 146

2. FULL NAME August F. Grass

(a) Residence. No. St. Genevieve, Mo. 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. 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) ?

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

About 42

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Hospital Records
(Address) Farmington, Mo.

15. FILED 10-17-29 839 Robrum
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-17 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1927, to 10-17, 1929.
That I last saw her alive on 10-16, 1929, and that death occurred, on the date stated above, at 6:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bleeding Calculi

12 1/2 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 12 1/2 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy + clinical
(Signed) P. J. Fair, M. D.

10-18, 1929 (Address) Hosp. #4 Farmington, 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

St. Genevieve Mo 10-19 1929

20. UNDERTAKER ADDRESS
Farmington Med Co Farmington

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.

