205

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

Do not use this space.

8903

File No. 1200

Registered No. 1200

1. PLACE OF DEATH

County Jackson Registration District No. 399

Township Kow Primary Registration District No. 1002

City Kansas City (No. Research Hosp St. Ward)

2. FULL NAME Rothwell Grimes

(a) Residence. No. ~~Research~~ St., Ward. Paola Kansas
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 5 1867

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
62	5	18	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) none
(c) Name of employer none

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wash Co Ohio

PARENTS
10. NAME OF FATHER John W. Grimes
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio
12. MAIDEN NAME OF MOTHER Olive V. Broughton
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio

14. INFORMANT Belle Grimes
(Address) Paola Kans

15. FILED 3/23, 19 30 M. M. Lerove
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/23 1930

17. I HEREBY CERTIFY, That I attended deceased from Mar 16, 1930 to 3-23-, 1930 that I last saw him alive on Mar. 23, 1930, and that death occurred, on the date stated above, at 5/30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Uremia - Pyonephritis
Cardiac hypertrophy
(duration) 3 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Colonized prostate (duration) 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? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Blood chemistry.
(Signed) C. K. Smith M. D.
3-23, 1930 (Address) 8 Ruskin

*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 Paola Kans
DATE OF BURIAL 3/25 1930

20. UNDERTAKER L. F. Metzler
ADDRESS Paola

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.