

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

Do not use this space.

9052

1434

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township Raw

Primary Registration District No. 1902

City Kansas City

(No. Near Swope Park N.E. Southern By bridge Ward)

File No.

Registered No.

2. FULL NAME

Paul Joseph Grammens

(a) Residence. No. 1724 Summit St., 3 Ward.

(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)

April 21-1915

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

14

11

9.

8. OCCUPATION OF DECEASED

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

Pupil

(b) General nature of industry, business, or establishment in which employed (or employer)

West Junior High School

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Colorado

10. NAME OF FATHER

Edward Grammens

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Belgium

12. MAIDEN NAME OF MOTHER

Lina Van Pamel

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Belgium

14.

INFORMANT (Address)

Edw Grammens
1724 Summit

15.

FILED

4/1 1930 M M Crowe
asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

3/30 1930 Sunday

17.

I HEREBY CERTIFY, That I attended deceased from

Depuy Corone 19..... to..... 19....., and that that I last saw h..... alive on..... 19....., and that death occurred, on the date stated above, at..... 5:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Accidental Broken Neck

1801 B
19413

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRIBUTED

IF NOT AT PLACE OF DEATH

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

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

History & Inspection
(Signed) Stacy McNeil M. D.

3/30 1930 (Address) Depuy Corone

*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

Mt St Marys

4/2 1930

20. UNDERTAKER

ADDRESS

Gayle Funeral Home 1800 Linwood

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.

