

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

Do not use this space.

26725

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Kaw Primary Registration District No. 1002  
 City Kansas City, Mo. (No. 2929, Main)

File No. \_\_\_\_\_  
 Registered No. 3229  
 St. Willow Ward)

**2. FULL NAME**

Homer Grandstaff  
 (a) Residence. No. 2929 Main St. Willow Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. — mos. 15 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 18, 1930

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 14

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) Kansas City Missouri  
 (STATE OR COUNTRY)

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Mavis Grandstaff

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) Tennessee

14. INFORMANT. Alta Kinsley R. N.  
 (Address) 2929 Main St

15. FILED. 8/11 30 M. M. Crowe  
 asst. REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 2 1930

17. I HEREBY CERTIFY, That I attended deceased from July 18, 1930, to Aug 2, 1930  
 that I last saw him alive on Aug 2, 1930, and that death occurred, on the date stated above, at 11 P. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Permativity

179 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 1610  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

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

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) [Signature] M. D.

3, 1930 (Address) 1610

\*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 Maple Hill DATE OF BURIAL 8-15 1930

20. UNDERTAKER Eggar Funeral Home ADDRESS 800 Linwood

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.

