

NOV 21 1930

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

Do not use this space.

32415

1. PLACE OF DEATH
 County Liberty Registration District No. 201
 Township Liberty Primary Registration District No. 5280
 City Wm Wash (No.) St. Ward

2. FULL NAME Mr Wash Grimes
 (a) Residence. No. Chandler 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) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 18-1857
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 8 14

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Inmate
 (b) General nature of industry, business, or establishment in which employed (or employer) County Home
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hardin Co- Ky
 10. NAME OF FATHER Richard Grimes
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ky
 12. MAIDEN NAME OF MOTHER Judith Mills
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ky

14. INFORMANT Mrs. May Cain
 (Address) North Kansas city Mo
 15. FILED 11/10/30 Wm Goodson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 2 1930
 17. I HEREBY CERTIFY, That I attended deceased from Sept 1 1929, to Oct 2 1930
 that I last saw him alive on Sept 20 1929, and that death occurred, on the date stated above, at 8 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic bright disease
131
 (duration) 3 yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) 129A
 (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? no
 WHAT TEST CONFIRMED DIAGNOSIS? none
 (Signed) Wm Cuthbertson M. D.
Oct 3, 1930 (Address) Liberty 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 County Home Cemetery, Chandler, Mo DATE OF BURIAL 10/21 1930
 20. UNDERTAKER Chandler-Gruber Co Liberty Mo ADDRESS

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.

WRITE PLAINLY; WITH UNFADING INK—THIS IS A PERMANENT RECORD

