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.

MAY 21 1931

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

Do not use this space.

13491

File No.
Registered No.

1. PLACE OF DEATH
County Chariton
Township Yellow Creek
City (No. St. Ward)
Registration District No. 174
Primary Registration District No. 5241

2. FULL NAME Minnie Green Grubbs

(a) Residence, No. 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 Female
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 S P Grubbs.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 13. 1872

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
59	0	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmers wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 935
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chariton Co Mo

FATHER
13. NAME Robert Green
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Missouri Ellen Haines
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT S. P. Grubbs.
(ADDRESS) Rothville

18. BURIAL, CREMATION, OR REMOVAL
PLACE Rothville Mo. DATE Apr 29 1931

19. UNDERTAKER Jas McLaughlin
(ADDRESS) Marceline Mo.

20. FILED 4-28 1931 U. D. Buck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 27. 1931

22. I HEREBY CERTIFY, That I attended deceased from Apr 23 1930, to Apr 27 1931
I last saw h. alive on Apr 27 1931. Death is said to have occurred on the date stated above, at 4:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Peptic ulcer	
1 yr	
12 yr	1 yr

Other contributory causes of importance:
Chronic Hepatitis—Gall Bladder removed 5 yrs ago

Name of operation Date of
What test confirmed diagnosis? Hemoglobin Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 19.....
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify —
(Signed) C D Stratton, M. D.
(Address) Rothville Mo.