

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

Do not use this space.

25689

1. PLACE OF DEATH

County Moniteau
Township Willowfork
City Dipton (No. _____)

Registration District No. 573-
Primary Registration District No. 4339.

File No. _____
Registered No. _____
St. _____ Ward) _____

2. FULL NAME

Charles Grevillot Sr

(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 37 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

2 16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-15-1931
17. I HEREBY CERTIFY, That I attended deceased from 7-7-31 to 7-15-1931

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rosa Surgeon

that I last saw him alive on 7-15-1931, and that death occurred, on the date stated above, at 8:15 a.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3/4/1850

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
81 4 11

Chronic Interstitial Nephritis
131/93C
(duration) _____ yrs. _____ mos. _____ ds.

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

CONTRIBUTORY (SECONDARY) myocardial degeneration
(duration) _____ yrs. _____ mos. _____ ds.

9. BIRTHPLACE (CITY OR TOWN) France
(STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

10. NAME OF FATHER dont know

0 DID AN OPERATION PRECEDE DEATH? no DATE OF _____

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Catholic Cemetery DATE OF BURIAL 7/17 1931

12. MAIDEN NAME OF MOTHER dont know

WHAT TEST CONFIRMED DIAGNOSIS Clinical History
(Signed) J. B. Norman, M. D.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) dont know
(STATE OR COUNTRY)

. 19 (Address) Dipton Mo

14. INFORMANT Chas. Grevillot Jr.
(Address) Dipton 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.

15. FILED 7-16, 1931 Mrs Sarah Freese
REGISTRAR

20. UNDERTAKER J. G. Schuff ADDRESS Dipton Mo.

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.

AUG 28 1931

PARENTS

