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.

SEP 22 1931

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

Do not use this space.

27697

1. PLACE OF DEATH
County Cape Girardeau — Registration District No. 125 — File No.
Township — Primary Registration District No. 3009 — Registered No. 772
City — (No. 719 S. Pacific St. Ward)

2. FULL NAME Alma Fern Grimes

(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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 19-1923
7. AGE 8 YEARS 6 MONTHS 8 DAYS If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Girl
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) Enid Okla.

FATHER
13. NAME John Grimes.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau

MOTHER
15. MAIDEN NAME Minnie Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Mo

17. INFORMANT (ADDRESS) John Grimes Cape Girardeau Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Fairmount Cemetery DATE Aug 28 1931
19. UNDERTAKER (ADDRESS) Trinkaus Howell Cape Girardeau Mo
20. FILED 8/28 1931 W C Kaempfer Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 8/13, 1931, to 8/27, 1931
I last saw her alive on 8/26, 1931. Death is said to have occurred on the date stated above, at 1 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhoid fever	8/13-31
Other contributory causes of importance: Septic Meningitis	8/22-31

Name of operation — Date of
What test confirmed diagnosis? Widal 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) George H. Walker, M. D.
(Address) Cape Girardeau Mo