

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

Do not use this space.

31550

1. PLACE OF DEATH

County Jackson

Registration District No. 400

File No. _____

Township Prairie

Primary Registration District No. 9900 D

Registered No. 181

City Little Blue Mo (No. Jackson County Regs/Dome)

St. _____ Ward) _____

2. FULL NAME

Charles Grabs

(a) Residence. No. 2931 Kelly 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 negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 16 - 1858

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, _____ hrs. or _____ min.
72 11 28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Winston Salem
(STATE OR COUNTRY) NC

10. NAME OF FATHER Dont know

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

12. MAIDEN NAME OF MOTHER Dont know

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

14. INFORMANT Nattie Bradley (Daughter)
(Address) 2931 Kelly

15. FILED Sept 16 1931 W. H. James REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 14 - 1931 ^{9:50 P.M.}

17. I HEREBY CERTIFY, That I attended deceased from August 30, 1931 to Sept 14, 1931 that I last saw him alive on Sept 13, 1931, and that death occurred, on the date stated above, at 9 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Stomach
4 1/2 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Aluminum
(duration) yrs. mos. ds.

18. WHEN WAS DISEASE CONTRACTED 4 1/2
IF NOT AT PLACE OF DEATH? _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physic Exam.

(Signed) L. W. Booker, M. D.
, 19 1931 (Address) 7200 Vine St

*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 Blue Ridge Lawn Cemetery DATE OF BURIAL 9-16-31

20. UNDERTAKER Flynn & Greenstreet ADDRESS 100 Mo.

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.

OCT 23 1931

