

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

Do not use this space.

40505

1. PLACE OF DEATH

Country England
Township Boonville
City Boonville (No. 1)

Registration District No. 229
Primary Registration District No. 4139

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

2. FULL NAME

Charles T. Grapevine
(a) Residence, No. _____ 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 Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Anna Grapevine
~~WIFE OF~~

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 9-1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 4 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Glass Blower

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) May 1931 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Glengora N. J.

13. NAME John Grapevine

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Jersey

15. MAIDEN NAME Caroline Loy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Jersey

17. INFORMANT Mrs Rosal Grapevine
(ADDRESS) Boonville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Boonville DATE 12/28/31

19. UNDERTAKER E. Long
(ADDRESS) Boonville Mo

20. FILED 12-28-31 Awadams
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12 26 1931

22. I HEREBY CERTIFY, That I attended deceased from 12 30 1931 to 12 26 1931

I last saw him alive on 12 25 1931 Death is said to have occurred on the date stated above, at 3:00 m.

The principal cause of death and related causes of importance were as follows:

Myocarditis Date of onset _____

9377 9310

Other contributory causes of importance: Not known

Name of operation: None Date of _____

What test confirmed diagnosis? Clinical 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 _____

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? Relief

If so, specify _____ (Signed) E. L. Keene M. D.

(Address) Boonville 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.

DEC 30 1932

V. S. No. 2.

