

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.

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

Do not use this space.

1. PLACE OF DEATH

32 County Dickinson
Township Clinton
City Clinton (No.)

Registration District No. 259
Primary Registration District No. 4158

File No. 4205
Registered No. St. Ward

2. FULL NAME

(a) Residence, No. William A. Grimes St. Army Ward
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Janice Grimes
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 12 1863
7. AGE YEARS 68 MONTHS 9 DAYS 10 IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. athletic
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) Clinton Co. Mo.

13. NAME George Grimes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Mary Everett
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Mr. Bert Fatten
Carlsdale Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Army Cemetery DATE Feb 23 1932

19. UNDERTAKER (ADDRESS) W. G. Packer
Marionville Mo.

20. FILED Feb 23 1932 J. P. Phelps Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 23 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 10th 1931 to February 23 1932
I last saw him alive on Feb 2 1932 Death is said to have occurred on the date stated above, at 12:30 p. m.
The principal cause of death and related causes of importance were as follows:

Arterial Regurgitation of heart.

Other contributory causes of importance:

Name of operation ① Date of
What test confirmed diagnosis? Was there an autopsy?

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?
If so, specify
(Signed) J. M. Bassett, M. D.
(Address) Marionville Mo.

