

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Blue
City Independence

Registration District No. 398
Primary Registration District No. 3919

File No. 4523
Registered No. 75
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. Burlington Kans. 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 <u>♂</u>	4. COLOR OR RACE <u>wh</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Stephen A Grubb</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Oct 27 - 1870</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>67</u>	<u>3</u>	<u>3</u>	<u>28</u>	
8. OCCUPATION OF DECEASED				
(a) Trade, profession, or particular kind of work <u>Horse wife</u>				
(b) General nature of industry, business, or establishment in which employed (or employer) <u>235</u>				
(c) Name of employer				

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Ohio

10. NAME OF FATHER Elasha Nash

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

12. MAIDEN NAME OF MOTHER Shoebes Dull

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

14. INFORMANT (Address) Mrs Myrtle Jones Burlington Kans

15. FILED Feb 26 1932 W. C. Cook REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 25 1932

17. I HEREBY CERTIFY, That I attended deceased from 2/20 1932, to 2/25 1932 that I last saw him alive on 2/24 1932, and that death occurred, on the date stated above, at 9:55 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis 171
Chronic Nephritis 95
Acidosis 193

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) alone
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED 131

IF NOT AT PLACE OF DEATH ⓪

DID AN OPERATION PRECEDE DEATH? Yes DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Chuscal + Palostary

(Signed) Dr. Miller _____ M. D.

Feb 25 1932 (Address) 10307 Judy Ave Remo

*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 Burlington Kans DATE OF BURIAL Feb 28 1932

20. UNDERTAKER Rose & Vandoren ADDRESS 15th Jackson

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.

MR 28 1932

