

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.

MAR 24 1932

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

Do not use this space.

5581

1. PLACE OF DEATH

County Nadaway Registration District No. 623 File No. _____
Township Washington Primary Registration District No. 5825 Registered No. 2
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Rex Elden Grubb

(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 <u>Male</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 13-1932</u>		
7. AGE	YEARS	MONTHS
	<u>0</u>	<u>0</u>
		DAYS
		<u>4</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>chief</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>	
	10. Date deceased last worked at this occupation (month and year) _____	
		11. Total time (years) spent in this occupation <u>✓</u>
12. BIRTHPLACE (CITY OR TOWN) <u>Nadaway Co. MO</u> (STATE OR COUNTRY)		
FATHER	13. NAME <u>Jewett Grubb</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Germany Co. MO</u> (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME <u>Hazel Cogdell</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Germany Co. MO</u> (STATE OR COUNTRY)	
17. INFORMANT <u>Jewett Grubb</u> (ADDRESS) <u>St. Louis MO. R. 1</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. John Cemetery</u> DATE <u>2/18 1932</u>		
19. UNDERTAKER <u>Lester P. Phillips</u> (ADDRESS) <u>St. Louis MO</u>		
20. FILED <u>2/17 1932</u> <u>J. M. McLaughlin</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 17 1932

22. I HEREBY CERTIFY, That I attended deceased from 2/13 1932 to 2/17 1932
I last saw him alive on 2/13 1932 Death is said to have occurred on the date stated above, at 5:45 a. m.
The principal cause of death and related causes of importance were as follows:
(Premature birth)
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Other contributory causes of importance: ✓
①

Name of operation _____ 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) D. E. Blacklock, M. D.
(Address) Henry City MO

