

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

Do not use this space.

3171
3

1. PLACE OF DEATH
60 County McDonald Registration District No. 1149
Township Cyclone Primary Registration District No. 5698
City (No. _____) St. _____ Ward _____

2. FULL NAME Isla M Grimm
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF C M Grimm

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 11 1872

7. AGE 69 YEARS 7 MONTHS 3 DAYS If LESS than 1 day, _____ hrs. or _____ min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 239

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) Powena Ohio

FATHER 13. NAME Marion Beller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Deerfield

MOTHER 15. MAIDEN NAME Chapman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) C M Grimm
Jane Ma

18. BURIAL, CREMATION, OR REMOVAL
PLACE Jane DATE Mar 16 1932

19. UNDERTAKER (ADDRESS) Baker & Meier
Jane Ma

20. FILED 3-20-32 L. C. Carver
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3 15 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
I last saw him _____ alive on _____ Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Apoplexy
82A
J. J. A.
①

Other contributory causes of importance _____

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) J. J. A., M. D.
(Address) Lincoln Mo

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.

APR 27 1932

