

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

Do not use this space.

13181

**1. PLACE OF DEATH**

61 County Wacon Registration District No. 530 File No. ....  
Township Easley Primary Registration District No. 5708 Registered No. ....  
City (No. ....) St. .... Ward)

**2. FULL NAME**

Nancy E. Grigsby  
(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**

**2 MEDICAL CERTIFICATE OF DEATH**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</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>Wife of J. A. Grigsby</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 6 - 1867</u>				
7. AGE	YEARS <u>65</u>	MONTHS <u>1</u>	DAYS <u>13</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>Housewife</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235'</u>			
	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) <u>Mo.</u> <u>1</u>				
FATHER	13. NAME <u>San Lunnels</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u> <u>2</u>			
MOTHER	15. MAIDEN NAME <u>Lusian Miller</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind.</u>			
17. INFORMANT <u>Thete Easley</u> (ADDRESS) <u>Easley, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Beyle</u> DATE <u>April 22, 1932</u>				
19. UNDERTAKER <u>J. H. McCallister</u> (ADDRESS) <u>South of Easley</u>				
20. FILED <u>5-7-32</u> <u>J. L. Brown</u> Registrar				

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 19 1932

22. I HEREBY CERTIFY, That I attended deceased from 4-1- 1932, to April 19 1932  
I last saw him alive on 4-16 1932 Death is said to have occurred on the date stated above, at 10:30 p.m.  
The principal cause of death and related causes of importance were as follows:  
53R  
25 Carcinoma of Bladder  
1  
Other contributory causes of importance:  
abdominal Tuberculosis  
1926

Name of operation 53R Date of .....  
What test confirmed diagnosis? Diut. test 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 J. P. Hunter M. D.  
(Signed) J. P. Hunter M. D.  
(Address) La Crosse, Mo.

Every year or informant 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.

MAY 26 1932

