

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

Do not use this space.

14937

1. PLACE OF DEATH

97 County Polk
Township Linwood
City Linwood (No.)

Registration District No. 793
Primary Registration District No. 6036

File No.
Registered No. St. Ward

2. FULL NAME

(a) Residence, No. St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred 32 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 <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>Otto Grimes</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 20, 1897</u>		
7. AGE YEARS <u>34</u>	MONTHS <u>7</u>	DAYS <u>9</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>Housekeeper</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at home</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Dec. 1931</u>	11. Total time (years) spent in this occupation <u>20</u>

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cooper Co Mo</u>
	13. NAME <u>W. C. King</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill. Mo</u>
	15. MAIDEN NAME <u>Charolote Bryant</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cooper Co Mo</u>
	17. INFORMANT (ADDRESS) <u>Dr. W. M. Phillips West Springs Mo</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Stall Springs</u> DATE <u>May 2, 1932</u>	
19. UNDERTAKER (ADDRESS) <u>R. C. Carter West Springs Mo</u>	
20. FILED <u>May 1, 1932</u> <u>Stibbitt</u> Registrar	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-29-32 . 1932

22. I HEREBY CERTIFY, That I attended deceased from 2-1, 1932, to 4-29, 1932
I last saw h. alive on 4-10, 1932 Death is said to have occurred on the date stated above, at 3:30 P.M.
The principal cause of death and related causes of importance were as follows:
Chronic Interstitial Nephritis 1930
131 131
Other contributory causes of importance:
none

Name of operation no Date of
What test confirmed diagnosis? Urinal Was there an autopsy? no

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) Amerson M. D.
(Address) Marshall

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.

MAY 28 1932

