

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

Do not use this space.

35693-A

1. PLACE OF DEATH

County Jackson
Township Waver
City W.C. Mo

Registration District No. 389
Primary Registration District No. 309
(No. 633 Olive)

File No. _____
Registered No. 4105
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 633 Olive St. 9 Ward _____

(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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF <u>Jennie Grammer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 14 - 1891</u>		
7. AGE YEARS <u>41</u>	MONTHS <u>9 mo</u>	DAYS <u>24</u>
8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. <u>Lumberman</u>		If LESS than 1 day, _____ hrs. or _____ min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Wester Union</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>Ill. 2</u>		
13. NAME <u>John W. Grammer</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
15. MAIDEN NAME <u>Marchant</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT <u>Jennie Grammer</u> (ADDRESS) <u>633 Olive</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>W.C. Mo</u>		
19. UNDERTAKER <u>Walter Henderson</u> (ADDRESS) <u>413 S. Olive</u>		
20. FILED <u>Nov 9 1915</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 8 - 1915

22. I HEREBY CERTIFY, That I attended deceased from Nov 8 1915 to Nov 8 1915.
I last saw him alive on _____, 19____. 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:
Cerebra
GVA
Stroke
Date of onset _____

Other contributory causes of importance:
Cause unknown

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) Walter Henderson, M. D.
(Address) W.C. Mo

N. B.—Every item on this form 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.

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PHYSICAL

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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Jackson
Township Kaw
City Keosauqua No. 733

Registration District No. _____
Primary Registration District No. _____

File No. _____
Registered No. 4195
St. _____ Ward) _____

2. FULL NAME

(a) Residence, No. 633 Olive St. 9 Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
41

OCCUPATION: 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
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) _____

13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19 _____

19. UNDERTAKER (ADDRESS) _____

20. FILED 11/9 1932 M. M. Browne Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-8 1932

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____. I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the _____ stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

edema (tra)
cause unknown
Date of onset _____

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) James M. Miller M. D. (Address) _____

SUPPLEMENTARY

REG'S OFFICE OF VITAL STATISTICS, ST. LOUIS, MO. REGISTRATION DISTRICT NO. 174. THEY ARE COMPLETE AS PRESCRIBED BY LAW

All information called for must be written on this supplementary. Exact statement of occupation is very important.

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