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.

JAN 9 1933

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

Do not use this space.
36560

1. PLACE OF DEATH
County Nodaway — Registration District No. 625 — File No.
Township ~~Polk~~ — Primary Registration District No. 3031 — Registered No. 103
City Maryville (No. , St. Ward)

74
9
7

2. FULL NAME Z. Henry Grissinger

(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: Male
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 Mary Ellen Grissinger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 21, 1891

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
41	7	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chautauqua Manager
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 220
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) Platte Co, Mo. 1

FATHER
13. NAME John A. Grissenger
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa, 2

MOTHER
15. MAIDEN NAME Gertrude McClelland
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

17. INFORMANT (ADDRESS) Guy Grissinger Leavenworth, Kas

18. BURIAL, CREMATION, OR REMOVAL
PLACE Stanberry, Mo. DATE Nov 20th 1932

19. UNDERTAKER (ADDRESS) Price Furniture Co. Maryville, Mo.

20. FILED 11-19 1932 Mamie E Clardy Registrar

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 12, 1932 to Nov 18, 1932
I last saw him alive on Nov 15, 1932 Death is said to have occurred on the date stated above, at 10 a.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Organic Heart
Influenza
95B
110
95B

Other contributory causes of importance:
Pancreatic Tracoma
OT

Name of operation — Date of —
What test confirmed diagnosis? Clinical 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) H. M. Hallin Jr, M. D.
(Address) Maryville Mo

MAY 8 1937