

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

Do not use this space.

39181

**1. PLACE OF DEATH**

37 County Lascano del  
Township Roark  
City (No. \_\_\_\_\_)

Registration District No. 303  
Primary Registration District No. 5420

File No. \_\_\_\_\_  
Registered No. 30 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Charles Grass Sr.

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

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. (If nonresident, give city or town and State)

**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 Annaida Grass

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 28 - 1859

7. AGE YEARS 70 MONTHS 8 DAYS 25 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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) Herrmann Mo.

13. NAME Anton Grass

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

15. MAIDEN NAME Henrietta Heek

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

17. INFORMANT Chas. Grass Jr. (ADDRESS) Herrmann Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Herrmann City, Mo. DATE 12/27

19. UNDERTAKER Herrmann Funeral Home (ADDRESS) Herrmann Mo.

20. FILED 12-24 1932 Anna K. Rickhoff Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1932 to Dec. 23, 1932  
I last saw him alive on Dec. 23, 1932 Death is said

to have occurred on the date stated above, at 12:30 p.m.  
The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia

Date of onset Dec. 15 1932

958  
107A/50  
97

Other contributory causes of importance:

Enlargement of heart and arterial sclerosis

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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 (1)

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_

(Signed) H. J. Mickhoff, M. D.  
(Address) Herrmann Mo.

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 23 1933

