

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

Do not use this space.

216

1. PLACE OF DEATH

10 County Boone Registration District No. 73
3 Township Columbia Primary Registration District No. 3006
8 City Columbia (No. _____) St. _____ Ward _____

File No. _____
Registered No. 247
St. _____ Ward _____

2. FULL NAME

Elizabeth Eleanor Grim
(a) Residence, No. 707 Wilkes 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Samuel L. Grim</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 8 1845</u>		
7. AGE	YEARS <u>87</u>	MONTHS <u>10</u>
	DAYS <u>4</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.	
	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>Ohio</u>		
FATHER	13. NAME <u>Jerome Texrill</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>	
MOTHER	15. MAIDEN NAME <u>Stephens</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>On Ocean from England</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Oda C. Cook Columbia, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Columbia Cem.</u> DATE <u>Jan 14 1933</u>		
19. UNDERTAKER (ADDRESS) <u>R. O. Wilcox Columbia, Mo.</u>		
20. FILED <u>1/14/33</u> 19 <u>33</u> <u>Allie Selby</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 12 1933

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on Jan 12 1933. Death is said to have occurred on the date stated above, at 9:30 P.M.

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

Broncho-pneumonia

Date of onset _____

Other contributory causes of importance:
Senility

Name of operation none. Date of _____

What test confirmed diagnosis? clin. 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) Robert H. Simpson, M. D.
(Address) 801A Broadway
Columbia, 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.

8-22-33
1933

1. [Illegible text]

2. [Illegible text]

3. [Illegible text]

4. [Illegible text]

