

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.

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

Do not use this space.

5270

1. PLACE OF DEATH

County Jackson Registration District No. 283
 Township Buzzard Primary Registration District No. 5402
 City Reba (No. Reba) St. Reba Ward Reba

2. FULL NAME

(a) Residence, No. Reba St. Reba Ward Reba
 (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 <u>F</u> | 4. COLOR OR RACE <u>W.</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u> | | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____ | | | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 4 - 1933</u> | | | | |
| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, _____ hrs. or _____ min. |
| | <u>0</u> | <u>0</u> | <u>0</u> | <u>5</u> |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Journalist</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) Mo.

13. NAME Thebert Grims

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

15. MAIDEN NAME Corvie Hallis

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

17. INFORMANT Thebert Grims

18. BURIAL, CREMATION, OR REMOVAL

PLACE Parson DATE 2-5-1933

19. UNDERTAKER Hayne Made

20. FILED 2/4-1933 Lucius Walker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 4 - 1933

22. I HEREBY CERTIFY, That I attended deceased from Birch 1933 to _____, 19____
 I last saw h. alive on Feb. 4 - 1933. Death is said to have occurred on the date stated above, at 4:35 p.m.
 The principal cause of death and related causes of importance were as follows:

Premature Cause
resuscitation
159
159
 Other contributory causes of importance: _____
 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) E. J. Bank, M. D.
 (Address) Corvone

[The following text is extremely faint and largely illegible due to the quality of the scan. It appears to be a multi-paragraph document, possibly a report or a set of instructions. The text is arranged in several columns and contains various words and phrases that are difficult to discern. Some words like "CONFIDENTIAL" and "SECURITY INFORMATION" are visible at the top. The main body of text consists of several lines of what might be a list or a series of paragraphs, but the specific content is not readable.]

[Faint text on the left margin, possibly a reference or a note.]

[Faint text in the lower-left quadrant, possibly a date or a signature line.]

[Faint text in the lower-middle section, possibly a section header or a specific instruction.]

[Faint text in the lower-middle section, possibly a specific instruction or a note.]

[Faint text on the right margin, possibly a reference or a note.]