

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

Do not use this space.

9824

1. PLACE OF DEATH

County Jackson
Township 1st
City 156 Mo.

Registration District No. 308
Primary Registration District No. 3503

File No. 1498
Registered No. 1498
St. _____ Ward _____

2. FULL NAME

Infant Grabau

(a) Residence, No. 1246 Collins 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 75 4. COLOR OR RACE 204 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25-33

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 22 hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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 _____

MOTHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

13. NAME Carl Grabau

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

15. MAIDEN NAME Ruth Tuttle

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

17. INFORMANT Carl Grabau (ADDRESS) 2620 Randall

18. BURIAL, CREMATION, OR REMOVAL PLACE Cherwood DATE Mar 27, 1933

19. UNDERTAKER Rose + Henderson (ADDRESS) 15 Jackson

20. FILED Mich 27, 1933 M. M. Corone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from 3/25, 1933, to 3/26, 1933

I last saw him alive on 3/26, 1933. Death is said to have occurred on the date stated above, at 4 m.

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

Pre-mature birth (5 months)

Other contributory cause of importance: 139 / 57

Name of operation _____ Date of _____
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury _____, 1933

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) M. M. Corone, M. D.
(Address) 402 W. Ashman Bldg

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

5930 Forest
Humble