

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.

86 FEB 27 1934

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

Do not use this space.

41070-2

1. PLACE OF DEATH
County Tutnam Registration District No. 721
Township Lincoln Primary Registration District No. 0902
City Unionville (No. St. Ward)

2. FULL NAME Albert Leon Grimm

(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 M 4. COLOR OR RACE W. 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) Nov. 20, 1911

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
<u>22</u>	<u>1</u>	<u>10</u>	

OCCUPATION

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

FATHER

13. NAME C. E. McClure

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

MOTHER

15. MAIDEN NAME Mable Grimm

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

17. INFORMANT Mrs. Mabel Shelton
(ADDRESS) 1735 No 20 St Omaha Neb

18. BURIAL, CREMATION, OR REMOVAL
PLACE Thompson DATE Dec 31, 1933

19. UNDERTAKER F. O. Husted & Son
(ADDRESS) Unionville Mo

20. FILED Jan 8, 1934 B. W. Williner
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-20, 1933 to 12-30, 1933
I last saw him alive on 12-29, 1933 Death is said to have occurred on the date stated above, at 6:00 a.m.
The principal cause of death and related causes of importance were as follows:
Arteriosclerosis Mellitus Date of onset
59
59
Other contributory causes of importance

Name of operation Date of
What test confirmed diagnosis? chem. 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? no
If so, specify

(Signed) P. H. Hart, M. D.
(Address) Coventry Mo.

