

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

Do not use this space.

1630

File No. _____
Registered No. 2 St. _____ Ward)

1. PLACE OF DEATH

County Jasper
Township Marion
City W.C. Hastings (No. _____)

Registration District No. H13
Primary Registration District No. 5559C

2. FULL NAME

Thomas Grisson

(a) Residence, No. 747 No. Madison Ward. St. Clair
(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. 5 mos. 3 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

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 Alice Grisson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 27, 1880

7. AGE YEARS 53 MONTHS 4 DAYS 21 IF LESS than 1 day, _____ hrs. or _____ min.

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

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) Cherokee

13. NAME James R. Grisson

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

15. MAIDEN NAME Jason Sherman

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

17. INFORMANT (ADDRESS) Records

18. BURIAL, CREMATION, OR REMOVAL

PLACE Oregon DATE Jan. 18, 1934

19. UNDERTAKER Steel Undertaking Co

(ADDRESS) Webb City, Mo

20. FILED 1-22-34 Harry A. Weaver Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 14, 1931 to Jan 17, 1934

I last saw him alive on Jan 17, 1934 Death is said

to have occurred on the date stated above, at 3:30 m.

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

Pulmonary Tuberculosis
230
114A

Other contributory causes of importance:

Date of onset

Name of operation None Date of _____
What test confirmed diagnosis? Roentgen 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? Yes

If so, specify _____

(Signed) June E. Douglas, M. D.
(Address) Webb City

FEB 27 1934

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