

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

Do not use this space.

1. PLACE OF DEATH

County JACKSON

Registration District No. 398

File No. 8786

Township
City INDEPENDENCE

Primary Registration District No. 3019

Registered No. 113

(No. 811 WEST KANSAS)

St. _____ Ward _____

2. FULL NAME EVALINE GRIMES

(a) Residence, No. 811 W. KANSAS 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 FEMALE 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 JAMES F. GRIMES

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT. 20, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
75 6 1

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

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) VINSANDS INDIANA

13. NAME JAMES MILLER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN VIRGINIA

15. MAIDEN NAME LUCK WALLEN

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN INDIANA

17. INFORMANT JAMES F. GRIMES (ADDRESS) 811 W. KANSAS

18. BURIAL, CREMATION, OR REMOVAL PLACE MOUND GROVE DATE MAR. 23, 1934

19. UNDERTAKER GEO. C. CARSON (ADDRESS) 615 W. MAPLE AVE., INDEPENDENCE, MO.

20. FILED March 24, 1934 Dr. F. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1934 to March 21, 1934

I last saw her alive on March 21, 1934 Death is said to have occurred on the date stated above, at 11 A. m.

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

Chronic arthritis years Date of onset

acute myocardial infarction
59 years
935
Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Culture 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 _____, 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 none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) John P. Green M. D.
(Address) Independence 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.

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