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.

MAY 25 1934

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

Do not use this space.

11617

1. PLACE OF DEATH
County: Dallard
Township: Coston
City: (No. ..., ..., St. ..., Ward)

Registration District No. 837
Primary Registration District No. 6099

File No.
Registered No.

2. FULL NAME: Lewis 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): Married

5A. IF ~~MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~: Effie Grimm

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 4 1876

7. AGE: Years 57 | Months 10 | Days 19. | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Farmer
10. Date deceased last worked at this occupation (month and year): 3 22 34
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

FATHER
13. NAME: Will Grimm
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

MOTHER
15. MAIDEN NAME: Annie Jane Ross
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

17. INFORMANT (ADDRESS): Fred Grimm

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Triplett DATE: 3 24 34

19. UNDERTAKER (ADDRESS): H. Chido Blanfield

20. FILED: May 6, 1934 Edw Farr, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from 3 23 34, 19..., to 3 23 34, 19...
I last saw h... alive on 3 23 34, 19... Death is said to have occurred on the date stated above, 5 30 p.m.
The principal cause of death and related causes of importance were as follows:

Accidental Death
Crushed by caving in of grave pit.

Date of onset

Other contributory causes of importance:

Name of operation: Date
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: Accidental
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. J. Hurt C, M. D.
(Address) Essex Mo