

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

Do not use this space.

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MAY 25 1934

1. PLACE OF DEATH

County *Boonville*
Township *Boonville*
City *Boonville* (No. _____) St. _____ Ward _____

Registration District No. *201*
Primary Registration District No. *5280*

File No. _____
Registered No. _____

2. FULL NAME

Judson Marion Grubbs

(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 *70* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>widowed</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Bettie Acker Grubbs</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE	YEARS <i>88</i>	MONTHS <i>4</i>
	DAYS <i>7</i>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Retired Farmer</i>	11. Total time (years) spent in this occupation <i>65</i>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>see</i>	
	10. Date deceased last worked at this occupation (month and year) <i>10 yrs ago</i>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Spotsylvania Co Va</i>		
MOTHER	13. NAME <i>Harden Grubbs</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Va.</i>	
	15. MAIDEN NAME <i>Livley</i>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Va.</i>		
17. INFORMANT (ADDRESS) <i>Ralph Grubbs Boonville City Mo</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE (ADDRESS) DATE <i>Boonville City Mo 5/10/34</i>		
19. UNDERTAKER (ADDRESS) <i>Chas W. Wether Co Boonville Mo</i>		
20. FILED <i>5/10/34</i> <i>T. Blank</i> Registrar.		

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 8 1934*

22. I HEREBY CERTIFY, That I attended deceased from *April 1* 1934, to *May 8* 1934
I last saw him alive on *May 5* 1934. Death is said to have occurred on the date stated above, at *5 P* m.
The principal cause of death and related causes of importance were as follows:
Senility Date of onset _____
162 162
Other contributory causes of importance *none that I know of*

Name of operation _____ Date of _____
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.

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) *[Signature]* M. D.
(Address) *[Address]*

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Clay
Township Waverly
City Meriden (No. _____)

Registration District No. 201
Primary Registration District No. 5280

File No. _____
Registered No. 33 (St. _____ Ward)

2. FULL NAME

(a) Residence, No. Judson Marion Grebbles
(Usual place of abode) Meriden, Mo.

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

MEDICAL CERTIFICATE OF DEATH

3. SEX _____ 4. COLOR OR RACE _____ 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8, 1934

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 1 - 1846

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the _____ above, at _____ m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
88 4 7

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

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. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

FATHER 13. NAME _____

Name of operation _____ Date of _____

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

MOTHER 15. MAIDEN NAME _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

Where did injury occur? _____ (Specify city or town, county, and State)

17. INFORMANT (ADDRESS) _____

Specify whether injury occurred in industry, in home, or in public place. _____

18. BURIAL, CREMATION, OR REMOVAL

Manner of injury _____

PLACE _____ DATE _____, 19____

Nature of injury _____

19. UNDERTAKER (ADDRESS) _____

24. Was disease or injury in any way related to occupation of deceased? _____

20. FILED _____, 19 187 Brand Registrar.

If so, specify _____ (Signed) _____, M. D.

(Address) _____

SUPPLEMENTARY

REG. FEE: PARTS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. PROPERTY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

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