

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

Do not use this space.

17080

**1. PLACE OF DEATH**

County Jackson  
Township Prairie  
City (No. \_\_\_\_\_) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 400  
Primary Registration District No. 5553B

File No. \_\_\_\_\_  
Registered No. 104

**2. FULL NAME**

(a) Residence, No. Oklahoma City 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**

**MEDICAL CERTIFICATE OF DEATH**

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 20 1934

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (or) WIFE OF June Grundy

22. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, Duffy coroner, 19\_\_\_\_. I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_, 7:00 a.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 17-1885

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
48 6 3

Multiple Fracture of Skull  
Fracture Jaw

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

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) unk. Ky.

13. NAME William G. Grundy

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

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

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

15. MAIDEN NAME Sarah Welch

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Accident Date of injury 5/20 1934  
Where did injury occur? See Summit, Mo.  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk. Ky.

Manner of injury Automobile  
Nature of injury \_\_\_\_\_

17. INFORMANT (ADDRESS) Mrs. June Grundy  
Oklahoma City, Okla.

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Oklahoma City, Okla. May 21 1934

19. UNDERTAKER (ADDRESS) Fields - James Co.  
See Summit, Mo.

(Signed) Wm. G. Grundy, M. D.  
(Address) 812 3 - See Summit, Mo.

20. FILED May 21 1934 William J. Fields  
Registrar.

JUN 22 1934  
Exact statement of OCCUPATION is very important.  
If there is any doubt as to what to write, do not write, but leave blank.

MAR 7 1947

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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Jackson  
Township Prussia  
City..... (No..... St..... Ward)

Registration District No. 400  
Primary Registration District No. 555310

File No.....  
Registered No. 101

**2. FULL NAME**

Walter A. Grandy

(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) m

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
48 6 3

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.....

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

FATHER 13. NAME.....  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME.....  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED

William T. Fields  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on....., 19..... Death is said to have occurred on the date stated above, at..... m.

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

multiple fracture skull & jaw  
passenger in automobile

Other contributory causes of importance:

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.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....  
If so, specify.....

(Signed)....., M. D.  
(Address).....

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-17080