

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

Do not use this space.

42351  
114

1. PLACE OF DEATH JAN 11 1935

County CLAY

Registration District No. 201

Township

Primary Registration District No. 5380

City MISSOURI CITY

(No. 4121)

File No.

Registered No.

St.

Ward)

2. FULL NAME ELLIOTT M GRUBBS

(a) Residence, No. MISSOURI CITY, MO. 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 MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF MRS. MINNIE BAIRD GRUBBS

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY-5-1844

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	90	7	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. RETIRED 16 1/2 yrs

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) RICHMOND (STATE OR COUNTRY) VIRGINIA

13. NAME HARDIN GRUBBS

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

15. MAIDEN NAME ELIZABETH

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

17. INFORMANT (ADDRESS) MRS. RONALD PINED KANSAS CITY, MISSOURI

18. BURIAL, CREMATION, OR REMOVAL PLACE MISSOURI CITY, MO. DATE DEC-29-1934

19. UNDERTAKER (ADDRESS) D. W. NEWCOMER'S SONS KANSAS CITY, MISSOURI

20. FILED 1729 1934

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DECEMBER-28-1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 26 1934 to Dec 28 1934 I last saw him alive on Dec 26 1934 Death is said to have occurred on the date stated above, at 6:15 A.M. The principal cause of death and related causes of importance were as follows:

Senile Terminal Pneumonia (Bronchial)

Other contributory causes of importance: 10/10

Name of operation. Date of. What test confirmed diagnosis? 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? If so, specify. (Signed) R. L. Laidley, M. D. (Address) 1103 Spruce

A. 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.

12:30. 4:30

Brent's Drug Store - Liberty

Get burial permit  
at Liberty