

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

Do not use this space.

MAR 27 1935

1. PLACE OF DEATH

County Missouri
Township Ohio
City (No. _____) _____

Registration District No. 569
Primary Registration District No. 5765

File No. 6112
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Wyatt 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 col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 14 - 1933

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

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

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

13. NAME Wm G. Grissom

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

15. MAIDEN NAME Conzadie Warr

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

17. INFORMANT Wm Grissom

(ADDRESS) Wyatt

18. BURIAL, CREMATION, OR REMOVAL PLACE Rush Ridge DATE Feb 18 35

19. UNDERTAKER Jim Davis

(ADDRESS) Wyatt

20. FILED Feb 18 1935 Ad Marshall Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 17, 1935

22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____. I last saw h. X 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:

had no physician from history of case. premature birth

Other contributory causes of importance: 18 19

Name of operation none Date of _____

What test confirmed diagnosis? X 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? X

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

(Address) Wyatt

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.

