

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 23 1935

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

Do not use this space.

12224

1. PLACE OF DEATH

21 County Chariton Registration District No. 169  
Township Brunswick Primary Registration District No. 4098  
City Brunswick (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 126  
Registered No. 18

2. FULL NAME MATTIE GRIMSLEY

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-6-1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day; \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
65 6 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework  
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) Haward Co. Mo.

13. NAME Fountain Padgett

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

15. MAIDEN NAME Eliza Cot

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Haward Co. Mo.

17. INFORMANT (ADDRESS) Wm. Grimsley Brunswick Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Brunswick Mo. DATE April 12 1935

19. UNDERTAKER (ADDRESS) L. Williams Brunswick Mo.

20. FILED Apr. 11 1935 Harry C. Sutton Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10<sup>th</sup> 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-22-34 to 2-14-35, 19\_\_\_\_.

I last saw her alive on 2/14/35, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 4:20 P.M.

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

Carcinoma of liver  
Diabetes Mellitus

Other contributory causes of importance: 46

Name of operation None 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? No

If so, specify \_\_\_\_\_ (Signed) John M. Wilson, M. D.

(Address) Brunswick Mo.

