

MAY 3 1935

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

Do not use this space.

14487

1. PLACE OF DEATH

County.....
Township.....
City..... (No.)

Registration District No. 791
Primary Registration District No. 1003

File No. 3320
Registered No. 3320
St. Ward)

2. FULL NAME

(a) Residence, No. 4438 (Usual place of abode) Ward 9 15
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 13 - 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 7 29

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Factory

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) Wood County West Virginia

13. NAME John Grinn

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

15. MAIDEN NAME Nancy Hayes

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

17. INFORMANT (ADDRESS) Hosp of City Hosp

18. BURIAL, CREMATION, OR REMOVAL PLACE Lakewood DATE Apr - 17 - 1935

19. UNDERTAKER (ADDRESS) A. G. McLaughlin 1631 Missouri Ave

20. FILED APR 11 1935 J. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/10 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/8, 1935, to 4/10, 1935

I last saw him alive on 4/10, 1935. Death is said

to have occurred on the date stated above, at 5:20 a.m.

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

Tuberculous pneumonia Date of onset

Other contributory causes of importance:

Pneumonia

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) J. Sawyer, M. D.

(Address) City, Hosp #1

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

