

JUN 24 1935

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

Do not use this space.

16456

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Haw Primary Registration District No. 1002
City Kansas City (No. 3708) Montgall St. _____ Ward _____

File No. _____
Registered No. 1653
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 3708 Montgall 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 <u>M</u>	4. COLOR OR RACE <u>M</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Edna B. Johnson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 30 - 1886</u>		
7. AGE	YEARS <u>49</u>	MONTHS <u>10</u>
	DAYS <u>7</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Ford Motor Company</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Company</u>	
	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) <u>Kans</u>		
FATHER	13. NAME <u>John Grinson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sweden</u>	
MOTHER	15. MAIDEN NAME <u>Anna Nelson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wisconsin</u>	
17. INFORMANT (ADDRESS) <u>Mr. Edna Johnson</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Not Buried</u> DATE <u>May 9</u> 19 <u>35</u>		
19. UNDERTAKER (ADDRESS) <u>Rose T. Williams</u>		
20. FILED <u>5-9</u> 19 <u>35</u> <u>M. M. Crowe, reg.</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 1 1935 to Apr 7 1935
I last saw him alive on Apr 7 1935 Death is said to have occurred on the date stated above, at 8:15 a.m.
The principal cause of death and related causes of importance were as follows:
Primary Carcinoma of Bladder secondarily Metastasis of Pt. Inf. Tertio Vagocentris Date of onset _____

Other contributory causes of importance: 47

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? yes

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. St. Clair M. D.
(Address) 5242 N. 1st

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.

