

OCT 25 1935

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

Do not use this space.

30165

1. PLACE OF DEATH

69 County MONROE Registration District No. 5-82
Township _____ Primary Registration District No. 4344
4 City PARIS (No. _____) St. _____ Ward _____
Registered No. 56

2. FULL NAME JAMES MADISON GRIGSBY
(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 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>MALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>WIDOWED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>EMMA GRIGSBY</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>APR. 18, 1863</u>		
7. AGE	YEARS <u>72</u>	MONTHS <u>4</u>
	DAYS <u>21</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>RETIRED FARMER</u>	
	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) (STATE OR COUNTRY) <u>MISSOURI</u>		
FATHER	13. NAME <u>JOSEPH M. GRIGSBY</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>MO.</u>	
MOTHER	15. MAIDEN NAME <u>MANDY WHITE</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>MO.</u>	
17. INFORMANT <u>MRS. NANNIE MURPHY</u> (ADDRESS) <u>BILLINGS, MONTANA</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>WALNUT GROVE</u> DATE <u>SEPT. 12, 1935</u>		
19. UNDERTAKER <u>SPEED & BLAKEY</u> (ADDRESS) <u>PARIS, MO.</u>		
20. FILED <u>SEP 9 1935</u> <u>H. E. Coe</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEP 9 1935 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1934 to Sept 9, 1935
I last saw him alive on Sept 9, 1935. Death is said to have occurred on the date stated above, at 3:40 A.M.
The principal cause of death and related causes of importance were as follows:
Chronic Diabetes Mellitus 59 Yr.
Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? Lab. findings 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) H. E. Coe M. D.
(Address) PARIS, MO.

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.

