

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.

DEC 19 1935

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

Do not use this space.

36615

1. PLACE OF DEATH

County Linn Registration District No. 501
Township Locust Creek Primary Registration District No. 4304
City Linneus (No. _____, _____, _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME John Grimes

(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 <u>Male</u>	4. COLOR OR RACE <u>White</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>Sarah Wright Grimes</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 22 1859</u>		
7. AGE	YEARS	MONTHS
	<u>76</u>	<u>2</u>
		<u>27</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</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>Bedford Iowa</u>		
13. NAME <u>Gainford Grimes</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>XXXXXXXXXX XXXXXXXXX</u>		
15. MAIDEN NAME <u>Gibson</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>XXXXXXXXXX XXXXXXXXX</u>		
17. INFORMANT (ADDRESS) <u>Mrs. Geo. Buckner Linneus, Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Olive</u> DATE <u>Nov. 21 1935</u>		
19. UNDERTAKER (ADDRESS) <u>Thorne Undertaking Co. Linneus, Missouri.</u>		
20. FILED <u>12-9 1935</u> <u>J. W. West</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 19 1935 19
22. I HEREBY CERTIFY, That I attended deceased from Nov 14, 1935, to Nov 19, 1935.
I last saw him alive on Nov 19, 1935. Death is said to have occurred on the date stated above, at 4:00 p.m.
The principal cause of death and related causes of importance were as follows:

Carismons of stomach
NO
scintilly
Date of onset _____

Name of operation _____ 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) J. A. Johnson, M. D.
(Address) Linneus, Mo

MEMORANDUM FOR THE DIRECTOR, FBI

DATE: 10/15/54

TO: SAC, NEW YORK

FROM: SAC, NEW YORK

SUBJECT: [Illegible]

RE: [Illegible]

[Illegible text]

[Illegible text]

[Illegible text]