

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

Do not use this space. ✓

**1. PLACE OF DEATH**

County Jackson Registration District No. 404  
 Township W. of Washington Primary Registration District No. 5358  
 City Kansas City (No. 8308 Prospect) St. Prospect Ward 8

File No. 39913-11

**2. FULL NAME**

(a) Residence, No. 8308 Prospect St. Prospect Ward 8  
 (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 M 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ruth Grimes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15 - 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
54 7 6

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

FATHER  
 13. NAME John M. Grimes

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

MOTHER  
 15. MAIDEN NAME Martha U. Estes

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

17. INFORMANT (ADDRESS) Mrs. Ruth Grimes, 8308 Prospect

18. BURIAL, CREMATION, OR REMOVAL PLACE Jamesport Mo DATE Dec 22 1935

19. UNDERTAKER (ADDRESS) J. G. O'Donnell Co, K.C. Mo

20. FILED 1-4 1936 Mrs J. Rieunan Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/21/35

22. I HEREBY CERTIFY that I attended deceased from Deputy Coroner, 1935  
 I last saw him alive on \_\_\_\_\_, 1935. Death is said to have occurred on the date stated above at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:  
Acute traumatic hemorrhage Date of onset \_\_\_\_\_  
Fracture of the skull

Other contributory causes of importance:  
NO

Name of operation \_\_\_\_\_ Date of operation \_\_\_\_\_  
 What test confirmed diagnosis \_\_\_\_\_ Was there an autopsy \_\_\_\_\_

23. If death was due to external cause (violence), fill in also the following:  
 Accident, suicide, or homicide Accident Date of injury 12/21/35  
 Where did injury occur 8308 Prospect St. Kansas City  
 Specify whether injury occurred in or near home, or in public place.

Manner of injury Car overturned  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify \_\_\_\_\_  
 (Signed) [Signature], M. D.  
 (Address) \_\_\_\_\_

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.

