

FEB 29 1936

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

Do not use this space.

1142

1. PLACE OF DEATH

County Jackson

Registration District No. 398

File No. _____

Township _____

Primary Registration District No. 3919

Registered No. 18

City Independence

Ward Samperium

St. _____ Ward _____

2. FULL NAME

(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 male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 13 - 1934

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin. 1 1 0

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

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) Independence Missouri

13. NAME Thomas D. Grick Jr

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Independence Missouri

15. MAIDEN NAME Sandra R. Watts

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

17. INFORMANT (ADDRESS) Thomas D. Grick Jr, Independence Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Hope DATE 1-14-36

19. UNDERTAKER (ADDRESS) George G. Brown, 101 North Delaware

20. FILED 1-16-36 Z. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 13, 1936

22. I HEREBY CERTIFY That I attended deceased from _____ 19____, to Jan. 12, 1936

I last saw him alive on Jan. 12, 1936 Death is said to have occurred on the date stated above, at 2200 am.

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

Acute Bronchial Pneumonia Date of onset 1/5/36

Other contributory causes of importance: Influenza Dec 31/1935

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) F. L. Cook M. D.

(Address) Independence

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.

