FEB 20 1936

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

Do not use this space.

2589

1. PLACE OF DEATH

County Randolph — Registration District No. 734

Township Salt River — Primary Registration District No. 5969

City ..... (No. East Of Jacksonville, St. ..... Ward)

File No. .....

Registered No. .....

2. FULL NAME William R. Grimes,

(a) Residence, No. E. Jacksonville, 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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 5 1861

7. AGE: Years 74 — Months 7 — Days 3 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) Shelby Co.
(STATE OR COUNTRY) Missouri.

FATHER

13. NAME James Grimes

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

MOTHER

15. MAIDEN NAME Fannie Feland.

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

17. INFORMANT Mrs Addie Lowrey.
(ADDRESS) Jacksonville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ridings, DATE Jan 9th 36

19. UNDERTAKER Snow Funeral Home.
(ADDRESS) Moberly, Mo.

20. FILED Jan 9-36 19 R. M. Cater Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 8th 1936 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 19 35, to Jan 8, 1936

I last saw him alive on Jan 7, 19 36 Death is said to have occurred on the date stated above, at 10 A M.

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

	Date of onset
Chronic Nephritis	years

Other contributory causes of importance

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? no

If so, specify .....

(Signed) Dr John P. Allen, M. D.

(Address) Louisiana 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD