

APR 18 1936

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

Do not use this space.

10355

1. PLACE OF DEATH

County Holt
Township Revin
City (No.)

Registration District No. 373
Primary Registration District No. 5520

File No.
Registered No. 8
St. Ward)

2. FULL NAME Laura Fellowa Grimes

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25-1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 9 16

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. same

10. Date deceased last worked at this occupation (month and year) about Jan 1925 11. Total time (years) spent in this occupation 45 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holt Co mo.13. NAME Henry Fellowa14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio15. MAIDEN NAME Vivian Answorth16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio17. INFORMANT Mr Lee Elder (ADDRESS) Forest city18. BURIAL, CREMATION, OR REMOVAL PLACE Oregon mo DATE May 7 193619. UNDERTAKER Lester Pettibone (ADDRESS) Oregon mo20. FILED 3-9- 1936 W. H. Chau Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 6 193622. I HEREBY CERTIFY, That I attended deceased from March 4 1936, to Mar 6 1936I last saw her alive on Mar 6 1936. Death is saidto have occurred on the date stated above, at 10 A m.

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

influenza Date of onset 3/1/36Other contributory causes of importance: myocardial infarction 1920Name of operation none Date ofWhat test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?

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) E. F. Krumm M. D.

(Address) Or. 94. m. n. o.

