

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.

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

Do not use this space.

AUG 24 1936

23163

1. PLACE OF DEATH

County.....**Jackson**..... Registration District No.....**399**
 Township.....**Kaw**..... Primary Registration District No.....**1002**
 City.....**Kansas City, Mo.** (No. **1505 Penn St.**).....

File No.....
 Registered No.....**3095**
 St.....**3095**..... Ward.....

2. FULL NAME **John Wickleff Grubbs**

(a) Residence, No. **1505 Penn St.**..... 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 **M** 4. COLOR OR RACE **W** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Annie M. Grubbs**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug. 26, 1856**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
79 10 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Retired Farmer**
 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) **Ky**

FATHER 13. NAME **Lafayette Grubbs**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ky**

MOTHER 15. MAIDEN NAME **U nknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ky**

17. INFORMANT **M. A. Grubbs** (ADDRESS) **3707 Roberts**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Mt. Hope Cem** DATE **July 1-36**

19. UNDERTAKER **C. H. Blackman & Son, Inc** (ADDRESS) **2825 Indep. Blvd. K.C. Mo.**

20. FILED **July 1, 1936** **M. M. Cronin** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 29 1936**

22. I HEREBY CERTIFY, That I attended deceased from **June 1**, 19**36**, to **June 28**, 19**36**
 I last saw him alive on **June 28**, 19**36**. Death is said to have occurred on the date stated above, at **7:45m AM**

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

Arteriosclerosis

Date of onset **not known**

Other contributory causes of importance: **none**

Name of operation **none** Date of.....
 What test confirmed diagnosis **autopsy** Was there an autopsy **none**

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) **A. P. Lawrence**, M. D.
 (Address) **5732 Hopkins**

J. P. Lawrence 5/32 Holmes

Highland 7786