

FEB 25 1937

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

Do not use this space.

49003

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City, Mo. (No. _____)

Registration District No. 399
Primary Registration District No. 1002

File No. 113
Registered No. _____
St. _____ Ward _____

2. FULL NAME Infant Grimm

(a) Residence, No. 6004 E 8th St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

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 XX Infant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9/14/36

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Kansas City (STATE OR COUNTRY) MO

13. NAME Edward Grimm

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

15. MAIDEN NAME Margaret Amuling

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

17. INFORMANT Edward Grimm (ADDRESS) 6004 E 8th

18. BURIAL, CREMATION, OR REMOVAL PLACE Floral Hills DATE 9/15/36 19.

19. UNDERTAKER SHEIL FUNERAL HOM. (ADDRESS) 6606 INDEPENDEN PR

20. FILED 9-19 1936 m.m. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-14-36

22. I HEREBY CERTIFY, That I attended deceased from Sept-14, 1936 to Sept-14, 1936. I last saw h. alive on _____, 19____. 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:

Still-born

Other contributory causes of importance:

Brach pnsentation
Large Child

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) D. W. Mantel, M. D.
(Address) 1700 W. W. W. Rd.

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.

MARGIN RESERVED FOR BINDING

MO. H. S. NO. 2
FORM 1-20-36
I X704

