

MAR 15 1937

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

Do not use this space.

1. PLACE OF DEATH

1 County ADAIR Registration District No. 4  
2 Township BENTON Primary Registration District No. 3001  
7 City KIRKSVILLE MO (No. 208 E MCPHERSON) St. L Ward

File No. 4809  
Registered No. 42

2. FULL NAME ALBERT F GRASSIE

(a) Residence, No. 208 e mcpherson st St. L Ward. (If nonresident, give city or town and State)  
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF HATTIE GRASSIE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT 19 1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
78 5 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. MERCHANT, RETIRED  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. HARDWARE STORE  
10. Date deceased last worked at this occupation (month and year) 12 11. Total time (years) spent in this occupation. 16

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MILLERSBURG OHIO

FATHER 13. NAME FREDWICK GRASSIE

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

MOTHER 15. MAIDEN NAME SUSAN HOOVER

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

17. INFORMANT: Hattie L Grassie  
(ADDRESS) KIRKSVILLE MO

18. BURIAL, CREMATION, OR REMOVAL PLACE HIGHLAND PARK DATE 3-1-1937

19. UNDERTAKER DAVIS & WILSON  
(ADDRESS) Kirkville Mo

20. FILED Mar 1 1937 Spencer Neenan  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-27-1937

22. I HEREBY CERTIFY: That I attended deceased from Feb 26 1937, to Feb 27 1937  
I last saw him alive on Feb 27 1937 Death is said to have occurred on the date stated above, at 9:30 am  
The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia 2/25-37  
Other contributory causes of importance: 10

Name of operation physical fitting  
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 Roy M. Wolf M. D.  
(Signed) Kirkville Mo  
(Address)

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.

