

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

Do not use this space.

JUL 27 1937

1. PLACE OF DEATH
 County.....Lawrence..... Registration District No. 467
 Township.....Aurora..... Primary Registration District No. 4280
 City.....Aurora..... (No. Aurora Clinic)..... St. Ward)

2. FULL NAME.....Thomas Franklin Grimes
 (a) Residence, No. Crane Mo. R.F.D. # 1 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.

File No. 20525
 Registered No. 40

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 Inez Grimes
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 19-1905
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
 31 7 16
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) Barry County Missouri
 13. NAME J. J. Grimes
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.
 15. MAIDEN NAME Laura M Phillips
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.
 17. INFORMANT Mrs Inez Grimes (ADDRESS) Crane Mo R.F.D. # 1
 18. BURIAL, CREMATION, OR REMOVAL PLACE Aurora Mo. DATE June 8 1937
 19. UNDERTAKER King Funeral Home (ADDRESS) Aurora Mo.
 20. FILED June 9 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6 1937
 22. I HEREBY CERTIFY, that I attended deceased from June 6 1937, to June 6 1937
 I first saw him alive on June 6 1937 Death is said to have occurred on the date stated above, at 12:45 m.
 The principal cause of death and related causes of importance were as follows:
 Gunshot wound of temple region
 Date of onset
 Other contributory causes of importance:
 Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? No
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide..... Date of injury June 6, 1937
 Where did injury occur? Aurora Mo. (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) R. T. ... M. D.
 (Address) Aurora 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.

