NOV 23

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

Do not use this space.

1. PLACE OF DEATH
County Randolph — Registration District No. 735 — File No. 38587
Township — Primary Registration District No. 3034 — Registered No. 238
City Moberly (No. Central Christian Church St. Ward)

2. FULL NAME H. Arthur Grimes
(a) Residence, No. 721 Benson St., 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 12th 1861

7. AGE: YEARS 75 — MONTHS 11 — DAYS 12 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired RR Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wabash
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): Mo

FATHER
13. NAME: Washington Grimes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Va

MOTHER
15. MAIDEN NAME: Virginia Terrill
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Va

17. INFORMANT (ADDRESS): Mrs C. O Poore Moberly Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Moberly Mo DATE Oct 27th 1937

19. UNDERTAKER (ADDRESS): Mahan and Son Moberly Mo

20. FILED Oct 27th 1937 Ethel Cleeton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 24th 1937

22. I HEREBY CERTIFY That I attended deceased from Coroner's Case, 19....
I last saw h.... alive on ...., 19.... Death is said to have occurred on the date stated above, at 7:20 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Natural, but not determined. Probably coronary Thrombosis	?

Other contributory causes of importance: None

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Name of operation — Date of —
What test confirmed diagnosis? History 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 —, 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) E. W. Shrader, Coroner, M. D.
(Address) Moberly, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.