

FILED JUN 14 1940

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

18599
Do not use this space.

1. PLACE OF DEATH

(a) County Iron Registration District No. 391
 (b) Township Acadia Primary Registration District No. 3 46 a Registered No. 36
 (c) City _____ (d) Street No. 7th Avenue for Acadia Baptist
 (If death occurred in hospital or institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 1025 Mrs. Virginia Grissom
The Home of aged Capt. Denton, Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 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 Harrison Thompson
John Grissom
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 30, 1955
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 9 7

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. House Wife
 10. Date deceased last worked at this occupation (month and year) Probably 10 yrs.
 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Co., Mo.

FATHER
 13. NAME Samuel Joseph Melvin
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) East Shore of Virginia

MOTHER
 15. MAIDEN NAME Mary J. Whitley
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Co., Mo.

17. INFORMANT (ADDRESS) John H. Curney
Denton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Home Cem. DATE 5-8 1940

19. FUNERAL DIRECTOR (ADDRESS) Funeral Home, 6th
Denton, Mo.

20. FILED May 28, 1940 Juba A. Denton
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-7 1940
 22. I HEREBY CERTIFY, That I attended deceased from May 5th, 1940, to May 7th, 1940.
 I last saw h. alive on May 6th, 1940. Death is said to have occurred on the date stated above, at 10 A. m.
 The principal cause of death and related causes of importance were as follows:

Broncho-Pneumonia Date of onset 5/5/40
cerebral hemorrhage
Hyperloemic Heart Disease
Sensitization 95%
 Other contributory causes of importance: 5/4/40?

Name of operation none Date of _____
 What test confirmed diagnosis? Physical exam 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) P. E. Harland, M. D.
 (Address) Denton, 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.

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STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E.

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)