

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

Do not use this space.

26023

1. PLACE OF DEATH  
 County Henry Registration District No. 347  
 Township Bogard Primary Registration District No. 5485  
 City Blainstown, Mo. (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME William Lee Grizzle  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) \_\_\_\_\_ (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 15 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 Lou Grizzle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 6th, 1865

7. AGE 67 YEARS 4 MONTHS 22 DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 237

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. common laborer

10. Date deceased last worked at this occupation (month and year) about 1 year 11. Total time (years) spent in this occupation all

12. BIRTHPLACE (CITY OR TOWN) Jackson County, Tennessee  
 (STATE OR COUNTRY)

13. NAME J R Grizzle

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

15. MAIDEN NAME James Potter

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

17. INFORMANT Mrs Mattie Manoa  
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Blainstown, Mo. DATE August 30th, 1932

19. UNDERTAKER Sweeney & Cook  
 (ADDRESS) Chickowee, Mo.

20. FILED Sept 1, 1932 Ed C Pceloy  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1931, to Aug 28, 1932  
 I last saw him alive on Aug 27, 1932. Death is said

to have occurred on the date stated above, at 7 a. m.  
 The principal cause of death and related cause of importance were as follows:  
Enlargement of Heart Date of onset \_\_\_\_\_

Other contributory causes of importance: 952 953 954 955 956 957 958 959 960 961 962 963 964 965 966 967 968 969 970 971 972 973 974 975 976 977 978 979 980 981 982 983 984 985 986 987 988 989 990 991 992 993 994 995 996 997 998 999 1000 ①

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) Dr. C. H. ... M. D.  
 (Address) Blainstown

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.

SEP 23 1932

