

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

Do not use this space.

**1. PLACE OF DEATH**

County Henry  
Township Duwater  
City Montrose (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward)

Registration District No. 352  
Primary Registration District No. 5493

File No. 2898  
Registered No. 2

**2. FULL NAME**

Sessie C. Grisby 1621

(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 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 31 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm Grisby

17. I HEREBY CERTIFY, That I attended deceased from Dec 14, 1937 to Jan 31, 1938 that I last saw her alive on Jan 31, 1938, and that death occurred, on the date stated above, at 8:20 P m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 10 - 1877

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
61 3 21

Asthma, Cardiac  
Chalcopytisis

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Domestic  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

CONTRIBUTORY (SECONDARY) ASB

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Missouri

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Joseph B O'Neil M. D.

, 1938 (Address) Appleton City Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

PARENTS  
10. NAME OF FATHER Wm Dickman  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Germany  
12. MAIDEN NAME OF MOTHER Goth  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Indiana

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Montrose Mo DATE OF BURIAL Feb 3 1938

14. INFORMANT Wm Grisby  
(Address) Montrose

20. UNDERTAKER Welling Bros ADDRESS Montrose Mo

15. FILED 2-2-38 W E Baggerly REGISTRAR  
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CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

FEB 24 1938

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MO. STATE BOARD OF HEALTH