

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

Do not use this space.

16751

1. PLACE OF DEATH

County Saline Registration District No. 77
Township Cambridge Primary Registration District No. _____
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Sidney Hall Grimes
(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mayme Grimes</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>January 17-1894</u>		
7. AGE	YEARS <u>57</u>	MONTHS <u>2</u>
	DAYS <u>23</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Burbon Co Kentucky</u>	
	13. NAME <u>Phillip Grimes</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Burbon Co Kentucky</u>	
	15. MAIDEN NAME <u>Sidney Hall</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Parisville Kentucky</u>	
17. INFORMANT (ADDRESS) <u>Mrs Mayme Grimes</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Page Park</u> DATE <u>4-12-31</u>		
19. UNDERTAKER (ADDRESS) <u>John T. Dalgner</u>		
20. FILED <u>4/11/31</u> <u>Wm Little</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10, 1931

22. I HEREBY CERTIFY, That I attended deceased from 4/10, 1931, to 4/10, 1931.
I last saw him alive on 4/10, 1931. Death is said to have occurred on the date stated above, at 11:30 P. m.
The principal cause of death and related causes of importance were as follows:
Apoplexy cereb
82A
J. C. Caldwell
Other contributory causes of importance:
none

Name of operation none 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? no 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) J. C. Caldwell, M. D.
(Address) Slater 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.

MAY 28 1931

