

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

Do not use this space.

47246

JAN 27 1937

**1. PLACE OF DEATH**  
 County Saline Registration District No. 792  
 Township ..... Primary Registration District No. 6035  
 City Arrow Rock (No. 4073) St. .... Ward .....

**2. FULL NAME** Edward P. Grimes  
 (a) Residence, No. Arrow Rock, Mo. St. .... Ward .....

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** 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** ollie E. Grimes

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** March 14, 1859

<b>7. AGE</b>	<b>YEARS</b>	<b>MONTHS</b>	<b>DAYS</b>	<b>If LESS than 1 day, ..... hrs. or ..... min.</b>
	77	9	3	

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

**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** .....

**12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Clintonville Ky.

**MOTHER**

**13. NAME** Phillip Grimes

**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Ky.

**15. MAIDEN NAME** Sidney Ann Hall

**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Ky.

**FATHER**

**17. INFORMANT** Carl P. Grimes  
(ADDRESS) Marshall, Mo.

**18. BURIAL, CREMATION, OR REMOVAL**  
 PLACES Ridge Park Cem. DATE Dec. 19 1936

**19. UNDERTAKER** R. D. Campbell  
(ADDRESS) Marshall, Mo.

**20. FILED** 12-20 1936 C. L. Rawles  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** Dec. 17 1936

**22. I HEREBY CERTIFY**, That I attended deceased from -1930- 1930 to Dec. 17 1936

I last saw him alive on Dec. 17 1936 Death is said to have occurred on the date stated above, at 1:30 m.

The principal cause of death and related causes of importance were as follows:  
Valvular heart lesion

Date of onset

Other contributory causes of importance: None

Name of operation None Date of None

What test confirmed diagnosis? None Was there an autopsy? None

**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) B. C. Bradshaw, M. D.  
 (Address) Arrow Rock, Mo.

MARGIN RESERVED FOR BINDING  
 WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD  
 V. O. NO. 2  
 20M-2-19-36  
 I X7284

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.

