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

Do not use this space.

17062

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 1003

City..... (No. ..... St. ..... Ward)

File No. .....

Registered No. 5026

2. FULL NAME Mr Earnest Gridiron

(a) Residence. No. 2835 Walnut St St., 22 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 6 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: Col

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 10/1894

7. AGE: Years 33 | Months 0 | Days 12 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Riser Ark

PARENTS

10. NAME OF FATHER: Robert Gridiron

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): South Carlina

12. MAIDEN NAME OF MOTHER: Julia Stocker

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ark.

14. INFORMANT: Emma McClinton
(Address) 2835 Walnut St

15. FILED MAY 29 1927 19.. Max C Starkoff REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 5 - 23 - 1927

17. I HEREBY CERTIFY, That I attended deceased from 5 - 20 -, 1927, to 5 - 22 -, 1927 that I last saw her alive on May 20 -, 1927, and that death occurred, on the date stated above, at 10 30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Pulmonary Tuberculosis

23A
106A
31

(duration) about yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY): acute Bronchitis

(duration) yrs. mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? No. DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) Dr Edward Bell, M. D

5-23-1927 (Address) 12 South Ewing Ave

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Kedron Ark

DATE OF BURIAL: May 29 1927

20. UNDERTAKER: Dunn Bros.

ADDRESS: S. Jeff Ave

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.

...WITH UNFADING INK—THIS IS A PERMANENT RECORD.