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

Do not use this space.

1229

1. PLACE OF DEATH
County: Jackson — Registration District No.: 399 — File No.: [illegible]
Township: Ward — Primary Registration District No.: 1692 — Registered No.: [illegible]
City: Kansas City (No. General Hospital St., Ward)

2. FULL NAME: Emma J. Grimes

(a) Residence. No. 1632 Belleview St., Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov 1-1869

7. AGE: Years 58 — Months 1 — Days 17 — If less than 1 day, hrs. or min.

Nov 2

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN): Misc.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER: Henry Hudson
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Don't Know
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Don't Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Don't Know
(STATE OR COUNTRY)

14. INFORMANT: Willey Grimes
(Address): 1632 Belleview

15. FILED: Jan 19, 1928 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 18 1928

17. I HEREBY CERTIFY, that I attended deceased from ....., 19..., to ....., 19..., that I last saw h. alive on ....., 19..., and that death occurred, on the date stated above, at ....m.

THE CAUSE OF DEATH WAS AS FOLLOWS: Cerebral embolus Jan 3-4th
Up right side paralyzed
Lung
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Fell off a building
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) [illegible], M. D.
1/19, 1928 (Address) [illegible]

*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: Forest Hill — DATE OF BURIAL: Jan 20 1928
20. UNDERTAKER: R. V. Lindsey & Son — ADDRESS: City

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.

THIS IS A PERMANENT RECORD