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

Do not use this space.
40914

1. PLACE OF DEATH
County: Jackson — Registration District No.: 399 — File No.: 5291
Township: Kan — Primary Registration District No.: 1092 — Registered No.:
City: K.C. Mo. (No. St. St. Luke's Hospital Ward)

2. FULL NAME: Della Grimes
(a) Residence. No. 3025 Holmes St., 3 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: Thos. J. Grimes

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mch-14-1889

7. AGE: Years 39 | Months 9 | Days 5 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home
(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): Mo.

PARENTS
10. NAME OF FATHER: Jno. McLain
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Illinois
12. MAIDEN NAME OF MOTHER: Ada Shadduck
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Iowa

14. INFORMANT: Thos. J. Grimes
(Address) 3025 Holmes St.

15. FILED 12/20, 1928 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec-19 1928

17. I HEREBY CERTIFY, That I attended deceased from 6-1, 1928, to Dec 19, 1928 that I last saw b. alive on Dec 19, 1928, and that death occurred, on the date stated above, at 5 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Lues
34 (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 38 (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? Serology
(Signed) E A Burchard, M. D
12/19, 1928 (Address) 3346 Summit

*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: Dec 22, 1928
20. UNDERTAKER: Mrs. E. L. Foster — ADDRESS: K.C. 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.