

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

Do not use this space.

34203

1. PLACE OF DEATH *St. Charles*  
 County *St. Charles* Registration District No. *757*  
 Township *St. Charles* Primary Registration District No. *3026*  
 City *St. Charles* (No. *St. Joseph Hospital*) St. *183* Ward   
 2. FULL NAME *Aaron Franklin Grigsby*  
 (a) Residence, No.  St.  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 *male* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *single*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 22, 1917*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
*16 3 3*

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

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) *Illinois*

13. NAME *Walter M. Grigsby*

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

15. MAIDEN NAME *Minnie M. Donald*

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

17. INFORMANT (ADDRESS) *Walter M. Grigsby  
Cathtown, Illinois*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Wilson Cem.* DATE *Oct. 26, 1933*

19. UNDERTAKER (ADDRESS) *David L. Farbusch  
Winfield, Mo.*

20. FILED *10/26*, 19 *33* *Clarence S. Stessell*  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct. 25, 1933*

22. I HEREBY CERTIFY, That I attended deceased from *Sept. 21, 1933*, to *October 25, 1933*  
 I last saw him alive on *October 24, 1933*. Death is said to have occurred on the date stated above, at *3:20* m.  
 The principal cause of death and related causes of importance were as follows:

*Broncho-pneumonia right side*  
*114B*  
*110A*  
*107A*  
 Other contributory causes of importance: *lung abscess left side*  
 Date of onset *10/21/33*  
*about 10 yrs.*

Name of operation: *Thoracoplasty* Date of *9/26 + 10/11 1933*  
 What test confirmed diagnosis? *Chemical* Was there an autopsy? *no*

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) *Ben R. Neubeiser*, M. D.  
 (Address) *St. Charles, Mo.*

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

NOV 10 1933

2 2 2 2

