

REC'D FEB 25 1939

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

3161
Do not use this space.

1. PLACE OF DEATH

(a) County MONROE Registration District No. 580
(b) Township UNION Primary Registration District No. 5782
(c) City _____ (d) Street No. MONROE Co., Mo. St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

652 JAMES ALFRED GRIMES.
(a) Residence, No. MONROE Co., Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 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 ALICE GRIMES
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 16, 1871.
7. AGE YEARS 67 MONTHS 7 DAYS 29 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. FARMER
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) NOV. 1938. 11. Total time (years) spent in this occupation _____
OCCUPATION

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) CLARENCE, Mo.

FATHER 13. NAME THOS. GRIMES

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.K.

MOTHER 15. MAIDEN NAME N.K.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.K.

17. INFORMANT (ADDRESS) ROY GRIMES, R#3, PARIS, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE MT. AISKY CHURCH DATE NOV. 17, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) SPEED & BLAKEY, PARIS, Mo.

20. FILED 11-16, 1938. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 15, 1938.

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1938 to Nov 15, 1938. I last saw him live on Nov 15, 1938. Death is said to have occurred on the date stated above, at 7:00 P.M.
The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis Date of onset 11/10/38
94 P.O.

Other contributory causes of importance Chronic Sclerosis N.K.

Name of operation _____ Date of _____
What test confirmed diagnosis? none 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? no
If so, specify _____ (Signed) Geo. W. Repulse M. D.
(Address) PARIS, Mo.

RECEIVED

District Health Officer No. 10

District File Number 15-39-134

Date Filed _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

_____ , or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.