

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

Do not use this space.

26384

1. PLACE OF DEATH

County Jackson
Township Leavo
City St. Joseph

Registration District No. 399
Primary Registration District No. 1002
(No. St. Joseph Hospital)

File No. _____
Registered No. 3202
St. _____ Ward _____

2. FULL NAME Harriet V. Grace

(a) Residence, No. 812 West 40 St., 7 Ward. (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 F. 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 18 - 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 10 +09

OCCUPATION 8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home 235
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) Kennett Mo

FATHER 13. NAME Patrick Sheridan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lebanon Mo

MOTHER 15. MAIDEN NAME Margaret Nolan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lebanon Mo

17. INFORMANT Mathew Grace

18. BURIAL, CREMATION, OR REMOVAL PLACE Sharon's Cem DATE Aug 30 1932

19. UNDERTAKER John A. Muses

(ADDRESS) 1415 3rd

20. FILED 8/29 1932 M. M. Crowe Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 27 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 20 1932 to Aug 27 1932
I last saw her alive on Aug 27 1932. Death is said to have occurred on the date stated above, at 9 P m.
The principal cause of death and related causes of importance were as follows:

Suppurative Appendicitis Date of onset Aug 14 32
12 12
12 12 1

Other contributory causes of importance:
Peritonitis ①
Toxic Heart Failure

Name of operation Appendectomy Date of 8 20 32

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) W. Welch M. D.

(Address) 275 Rialto

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.

U.S. G. P. Office

Washington, D.C. 20540

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