

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan
Township
City St. Joseph (No. 6215 Washington)

Registration District No. 85
Primary Registration District No. 1001

File No. 15825
Registered No. 562
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 6215 Washington St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 0 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Common

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) Halls Missouri

13. NAME John E. Grace

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Indiana

15. MAIDEN NAME Frances E. Stires

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Indiana

17. INFORMANT (ADDRESS) Mrs. W. H. Hollowell 6215 Washington

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethel Cem. DATE June 1, 1933

19. UNDERTAKER (ADDRESS) Edw. H. Clark 5025 King Hill Ave.

20. FILED 5-31-1933 John R. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 16 1933, to May 29 1933

I last saw him alive on May 29 1933 Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of the Stomach Date of onset 4/6/33 no facts

Other contributory causes of importance:

None

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical 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) E. B. W. Allen, etc. M. D. (Address) St. Joseph, 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.

JUN 20 1933

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