JUL 24 1936

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

Do not use this space.

22846

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. [illegible]
Township Kan — Primary Registration District No. 1002 — Registered No. [illegible]
City Kan City (No. Gen Hospital St. Ward)

2. FULL NAME Grace Mecum
(a) Residence, No. 2700 North 8 St. K.C. Ks. 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 Female
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 John H. Mecum
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 22, 1891
7. AGE YEARS 44 MONTHS 9 DAYS 14 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waitress
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. North Hotel
10. Date deceased last worked at this occupation (month and year) June 5, 1936
11. Total time (years) spent in this occupation 6 Da.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rock Falls Illinois

FATHER
13. NAME Charles B. Hunter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Maria E. Newton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

17. INFORMANT (ADDRESS) Mrs. Maria E. Hutchings 2700 N. 8 St. K.C.K.
18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Hope DATE 6/8/36, 19
19. UNDERTAKER (ADDRESS) Geo. H. Long K.C.K.
20. FILED 6/8, 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6 1936
22. I HEREBY CERTIFY, That I attended deceased from [illegible], 19..., I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 3.50 a.m.
The principal cause of death and related causes of importance were as follows: Date of onset
Automobile Traumatism
Fracture of the skull

Other contributory causes of importance: Pedestrian

Name of operation ... Date of ...
What test confirmed diagnosis? Autopsy Was there an autopsy?
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 6/6/36, 19..
Where did injury occur? 19 Morgan Ellis (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Street
Manner of injury Struck by motor car
Nature of injury [illegible]
24. Was disease or injury in any way related to occupation of deceased?
If so, specify [illegible]
(Signed) [illegible], M. D.
(Address) [illegible]

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.