

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

Do not use this space.

JUL 10 1937

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. St. Marys Hospital) St. _____ Ward _____

File No. 22616
 Registered No. 2102

2. FULL NAME

John J. Grazier

(a) Residence, No. 511 E 14th. 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 Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 31 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 6 28

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cab Co.

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) Lawrence Kansas

13. NAME John Grazier

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

15. MAIDEN NAME Lizzie Mitchell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT (ADDRESS) Barbara Grazier 511 E. 14th.

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE June 1st 37

19. UNDERTAKER (ADDRESS) Eylar Funeral Home 1800 Linwood

20. FILED June 1 1937 M. M. Malone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-1 1936, to 5-29 1937.
 I last saw him alive on May 29 1937. Death is said to have occurred on the date stated above, at 4:20 p.m.
 The principal cause of death and related causes of importance were as follows:

Coronary Artery Plaque
51
 Other contributory causes of importance:
Bronchial Pneumonia

Name of operation _____ Date of _____
 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? no 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) J. S. Britton M. D.
 (Address) 1515-15th St.

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.

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