

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

Do not use this space.

JAN 17 1938

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Blue Primary Registration District No. 1002
City Seeds Station (No. K.C.T.B. Hosp.)

File No. 44209
Registered No. 3112
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2914 Spruce St. Ward _____
(Usual place of abode) 116 W. 77th Terrace (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 25 yrs. 5 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) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 28th 1911

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>26</u>	<u>2</u>	<u>19</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. no.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 26
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) Missouri

13. NAME Grasher - John

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

15. MAIDEN NAME Waddell, Rose

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

17. INFORMANT K. C. J. B. Hospital
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE blue 20 1937

19. UNDERTAKER D. W. NEWCOMER'S SONS
(ADDRESS) 309 PASEO

20. FILED Dec 20 37 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 17 1937

22. I HEREBY CERTIFY, That I attended deceased from March 16 1937, to Dec. 17 1937
I last saw her alive on Dec. 17 1937 Death is said to have occurred on the date stated above, at 3²⁵ p.m.

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

Pulmonary Tuberculosis
Other contributory causes of importance: 23
Name of operation no. Date of _____
What test confirmed diagnosis? A. Ray & Spatz ~~no~~ 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? If so, specify _____
(Signed) D. W. Newcomer
(Address) 309 Paseo

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.

