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

Do not use this space.

21682

22 1927

1. PLACE OF DEATH

County Jackson — Registration District No. 403 — File No.

Township ~~Brooking~~ — Primary Registration District No. 5557 — Registered No.

City ~~Kansas City~~ (No. 2 Miles South East of Raytown, Mo. St. Ward)

2. FULL NAME Grace C. Mitchener

(a) Residence. No. St., Ward. 2 miles south east of Raytown, Missouri.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frances LeRoy Mitchener

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 8, 1882

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	44	10	6	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) New York

PARENTS

10. NAME OF FATHER Geo. M. Call

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) not known

12. MAIDEN NAME OF MOTHER Mattie Clark

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Not known

14. INFORMANT F. L. Mitchener
(Address) Raytown, Mo.

15. FILED 7/14, 1927 W. W. Hobbs REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) July 13 1927

17. I HEREBY CERTIFY, That I attended deceased from June 10, 1927, to July 13, 1927, that I last saw her alive on July 13, 1927, and that death occurred, on the date stated above, at 7:20 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Uterus

46 48 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Carcinoma of Uterus (duration) yrs. 6 mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

8 DID AN OPERATION PRECEDE DEATH? DATE OF no

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical Signs

(Signed) James V. Ferguson, M. D

7/15, 1927 (Address) 734 Argyle

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Elmwood Cemetery	7-15 1927
20. UNDERTAKER	ADDRESS
Stine & McClure	924 Oak

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.

2 PM

[illegible]

Raylawn [illegible]