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

Do not use this space.

30579

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 8 4087
Township Kaw — Primary Registration District No. 1002 — Registered No. 4087
City Kansas City (No. Research Hospital St. 3 Ward)

2. FULL NAME Mrs. Grace Woosley
(a) Residence. No. 406 W. 46 st Terrace St. 7 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 31 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: Fred L. Woosley

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 10 1877

7. AGE: 50 Years — Months: 4 — Days: 16 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): London
(STATE OR COUNTRY): Ohio

PARENTS
10. NAME OF FATHER: Richard Cowling
11. BIRTHPLACE OF FATHER (CITY OR TOWN): London
(STATE OR COUNTRY): Ohio
12. MAIDEN NAME OF MOTHER: Mary Duncan
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): London
(STATE OR COUNTRY): Ohio

14. INFORMANT: Fred L. Woosley
(Address): 406 W 46 St Terrace

15. FILED 10/28, 1927 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct. 26, 1927

17. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19.... that I last saw h..... alive on ....., 19...., and that death occurred, on the date stated above, at 3 00 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Third degree burns of face neck - chest - abdomen - back and thighs - Stove explosion (not conflagration) (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): 181 (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Inspection & History
(Signed) Alma Carbaugh, M. D
10/28, 1927 (Address) Deputy Coroner

*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: Elmwood — DATE OF BURIAL: Oct 29 1927

20. UNDERTAKER: J. W. Wagner — ADDRESS: 1409 Grand

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.