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

Do not use this space. 9142

File No. 1399

Registered No.

1. PLACE OF DEATH

County: Jackson — Registration District No.:

Township: Kan — Primary Registration District No.: 399

City: Kansas City (No. 118 So. Bellaire St. Ward)

2. FULL NAME Mrs Grace Henrietta Ohler

(a) Residence. No. 3016 North 32nd St. St., Ward. Kansas City Kans.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 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: Charles E. Ohler

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mch. 4, 1876

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	52	—	19	

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) W. Virginia

PARENTS

10. NAME OF FATHER Do not know

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) England

12. MAIDEN NAME OF MOTHER Do not know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Do not know

14. INFORMANT Charles E. Ohler
(Address) 3016 N. 32nd K.C. Kans

15. FILED 3-24 1928 M M Crouse Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mch. 23 1928

17. I HEREBY CERTIFY, That I attended deceased from March 15th, 1928, to March 23rd, 1928, that I last saw him alive on March 22nd, 1928, and that death occurred, on the date stated above, at 6.20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of Bladder
5.39 [illegible]
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(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? Physical & microscopical
(Signed) Chas. O. Oxnas, M.D.
3/24, 1928 (Address) 400 East 63rd St. K.Cas

*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: Mt Hope — DATE OF BURIAL: 3/26 1928

20. UNDERTAKER: The Freeman Mortuary 42nd — ADDRESS: Baltimore

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.

Hi 4747
Call home at 6 PM.