

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

Do not use this space.

16191

1. PLACE OF DEATH

County Buchanan
Township.....
City St Joseph (No.....)

Registration District No. 85
Primary Registration District No. 1001

File No.....
Registered No. 580
St..... Ward)

2. FULL NAME

Grace Crockett
(a) Residence. No. 518 N 3rd 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 Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 1 1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
28 0 4

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work housemaid
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) St Joseph Mo
(STATE OR COUNTRY).

PARENTS

10. NAME OF FATHER George Harris
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) not known
12. MAIDEN NAME OF MOTHER Matilda Howard
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) St Joseph Mo

14. INFORMANT Mrs Melvina Moore
(Address) 1120 N 2nd St

15. FILED 8 MAY 1928 REGISTRAR John G. [Signature]

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5/5 1928

17. I HEREBY CERTIFY That Miss deceased from an illness on May 8, 1928, to 12 noon, 1928, that I last saw her alive on May 8, 1928, and that death occurred, on the date stated above, at 12 noon m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myo Carditis

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? No DATE OF.....

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Flow & Heston's

(Signed) J. E. [Signature] M. D.
, 1928 (Address) St Joseph Mo

*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

City Cemetery 5/8 1928

20. UNDERTAKER ADDRESS

B. F. Graves 1309 N. [Address]

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.

JUL 5

MAY 8

