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.

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

Do not use this space.

33649

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 89
Township Raw — Primary Registration District No. 1002 — Registered No. 4489
City Kansas City — 6032 Harrison St. — Ward)

2. FULL NAME Mrs. Agnes Grider
(a) Residence. No. ..... St., ... Ward. Norborne, Mo.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 1, 1875
7. AGE Years 53 Months 2 Days 13 If LESS than 1 day, ... hrs. or ..... min.
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) Carrollton Mo.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER M. Kelly
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ireland
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Mary Daugherty
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ireland
(STATE OR COUNTRY)

14. INFORMANT Mrs. J. C. Spotts
(Address) 6032 Harrison

15. FILED 10/15, 1928 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 14 1928
17. I HEREBY CERTIFY, That I attended deceased from 7/15, 1928, to 10-14, 1928 that I last saw her alive on 14, 1928 and that death occurred, on the date stated above, at 9 P. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocorditis x
Pericorditis
92 C
90 B
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 90 B
(duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) C. C. Conover, M. D.
10/15, 1928 (Address) K. C. 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 Carrollton, Mo. — DATE OF BURIAL Oct. 15 1928
20. UNDERTAKER D. W. Newcomer's Sons — ADDRESS K. C. Mo

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Vic 2444
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