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

Do not use this space.

329 altman 33847

1. PLACE OF DEATH
County Jackson. Registration District No. 399 File No.
Township Kaw. Primary Registration District No. Registered No. 4280
City K. C. Mo (No. Lake Side Hosp. St. Ward)

2. FULL NAME Alice Grace Fay.
(a) Residence. No. 5701 Park St., 15 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 Fe.
4. COLOR OR RACE Wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan - 31 - 22

7. AGE Years 6 Months 8 Days 29 If LESS than 1 day, ....hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer) School
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Tulsa. (STATE OR COUNTRY) Okla.

PARENTS
10. NAME OF FATHER Thos. F. Fay.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Bennie McGalvey
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Penn.

14. INFORMANT Tho. F. Fay. (Address) 5701 Park

15. FILED 10/30, 1928 M. M. Crowe asst REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10 - 29 - 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 8, 1928, to Oct 29, 1928, that I last saw her alive on Oct 29, 1928, and that death occurred, on the date stated above, at 5 30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
10 A
1010
(duration) yrs. mos. 20 ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? X Ray
10/29 (Signed) J. L. Jones D.O. (Address) 327 altman 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 Tulsa Okla DATE OF BURIAL 11-1 1928

20. UNDERTAKER O. V. Mast ADDRESS 1915 E 15

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.