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.

8792

**1. PLACE OF DEATH**

County Jackson — Registration District No. 399 — File No. [illegible]

Township Kaw — Primary Registration District No. [illegible] — Registered No. [illegible]

City Kansas City (No. Kansas City Gen'l Hosp. St. ..... Ward)

**2. FULL NAME** Laura Grantello

(a) Residence. No. 1114 Harrison St., 2 Ward. (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. 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 | Divorced |

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 24 1888

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 42 | 1 | 29 | |

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) (STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Ernest St Clair

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

12. MAIDEN NAME OF MOTHER Mitalda Higgonbattom

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo

14. INFORMANT Dewd Clerk (Address) Kansas City Gen. Hosp

15. FILED 3/16 1930 M. M. Crowe REGISTRAR Asst

**MEDICAL CERTIFICATE OF DEATH**

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-15 1930

17. I HEREBY CERTIFY, That I attended deceased from 3-10, 1930 to 3-15, 1930 that I last saw her alive on 3-15, 1930 and that death occurred, on the date stated above, at 12:55 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Edema of Brain

Chronic alcoholism

75B

82A (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 66B (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? Plin. Findings

(Signed) P. E. Williams, M. D.

3-15, 1930 (Address) Supt K C Gen. Hosp

*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 |
|---|---|
| Mt St Mary Cemetery | 3/17 1930 |
| **20. UNDERTAKER** | **ADDRESS** |
| Passantino Bro Funeral Home | 2117 Indp Ave. |