MAY 20 1930

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

Do not use this space. 11455

1. PLACE OF DEATH

County: Vernon — Registration District No. 875 — File No.

Township — Primary Registration District No. 6162 — Registered No. 77.

City: Nevada (No. ..., ... St. ... Ward)

2. FULL NAME Grace Gower

(a) Residence. No. St Hosp #3 St., ... Ward. ... (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 5 mos. 26 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) ~~WIFE~~ OF H. D. Gower

6. DATE OF BIRTH (MONTH, DAY AND YEAR) D.K. 1891

7. AGE: Years 39 — Months ? — Days ? — If LESS than 1 day, ... hrs. or ... min.

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

9. BIRTHPLACE (CITY OR TOWN) Topeka
(STATE OR COUNTRY) Kans.

PARENTS

10. NAME OF FATHER John Look
11. BIRTHPLACE OF FATHER (CITY OR TOWN) —
(STATE OR COUNTRY) Iowa
12. MAIDEN NAME OF MOTHER Hattie Wood
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) —
(STATE OR COUNTRY) Kans

14. INFORMANT Hosp Record
(Address) Nevada - Mo.

15. FILED 4/23 1930 E. R. King REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 30 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 4, 1929, to Mar 30, 1930 that I last saw her alive on Mar 30, 1930, and that death occurred, on the date stated above, at 8:30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
General paralysis of the insane
83
(duration) 2 yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) 76
(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? Clinical & Laboratory findings
(Signed) H. L. Martin, M. D
3/30, 1930 (Address) Nevada 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: Maple Hill Ks — DATE OF BURIAL: 3/31 1930

20. UNDERTAKER: A. V. Hays — ADDRESS: Nevada, Mo.

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.

Mrs Sam Wood
R1 Rossville Kans.

Faye McKinney
508 Summit
Sedalia Mo

150
125
25