

JUL 22 1931

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

20689

1. PLACE OF DEATH

County Buchanan
 Township Washington
 City _____

Registration District No. _____

Primary Registration District No. _____

(No. R. R. # 4 Saxton Road)

File No. _____

Registered No. _____

St. _____

Ward _____

2. FULL NAME Crabtree Grace(a) Residence, No. R. R. #4 Saxton Road St. _____ Ward. _____
 (Usual place of abode)Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 12, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

70 4 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stock Yards Co.

10. Date deceased last worked at this occupation (month and year) Feb. 1931 11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Indiana

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. Ollie Henman
 (ADDRESS) St. Joseph, Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bethel Cem. DATE June 19, 1931

19. UNDERTAKER Frederick D. Clark
 (ADDRESS) 3025 King Hill Ave.

20. FILED June 19, 1931
 Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17, 1931, 19

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1931, to June 17, 1931.

I last saw him alive on June 15, 1931. Death is said to have occurred on the date stated above, at 3:15 P. M.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis
Chronic myocarditis

Date of onset Unknown
about 1880

Other contributory causes of importance:

Name of operation None Date of _____What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) William A. Robertson, M. D.(Address) St. Joseph, Mo.

