

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.

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 399
Primary Registration District No. 1002
(No. Gen Hospital 22)

File No. 21548
Registered No. 2000
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 7816 Euclid St., 9 Ward.
(Usual place of abode)
Length of residence in city or town where death occurred _____ yrs. mos. ds. How long in U. S., if of foreign birth? _____ mos. ds. (If nonresident, give city, town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
62 00 00 00

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark 213. NAME Mark Graso14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark15. MAIDEN NAME Jennie Grason16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark17. INFORMANT (ADDRESS) Low Russell
1805 E 11th St18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE 6-20 193119. UNDERTAKER (ADDRESS) H. B. Burrool
1820 E 18th20. FILED 6-19-31 M. M. Corvone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/18/31

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1931, to June 8, 1931
I last saw him alive on June 18, 1931. Death is said to have occurred on the date stated above, at 2:45 p. m.

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

Cerebral Apoplexy
Chc. Tubular Disease
Other contributory causes of importance: _____

Name of operation _____ 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) D. M. Miller, M. D.
(Address) New Hospital nos

