

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

34416-a  
 Do not use this space.

**1. PLACE OF DEATH**

County Jackson Registration District No. 2122 File No. 1131  
 Township Kaw Primary Registration District No. 731 Registered No. 1131  
 City Kansas City (No. 1407 East 8<sup>th</sup>) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Mrs. Grace E. Markle  
 (a) Residence, No. 1407 East 8<sup>th</sup> St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED (husband of (OR) WIFE OF) <u>L. Markle</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 18, 1873</u>		
7. AGE	YEARS <u>58</u>	MONTHS <u>8</u>
	DAYS <u>22</u>	If LESS than 1 day, .....hra. or .....min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Sailoress</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Emery Bird, Stage</u>	
	10. Date deceased last worked at this occupation (month and year) ..... Total time (years) spent in this occupation.	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Emporia Kansas</u>		
FATHER	13. NAME <u>William J. Greenwood</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT <u>Mrs. J. M. Sheridan</u> (ADDRESS) <u>4328 Bellevue St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Washington</u> DATE <u>Oct. 12, 1931</u>		
19. UNDERTAKER <u>O. W. Nelson's Sons</u> (ADDRESS) <u>2111 East 9<sup>th</sup> St.</u>		
20. FILED <u>10/11</u> 19 <u>31</u> <u>M. N. Crowe</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

**3**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 9, 1931

22. I HEREBY CERTIFY, That I attended deceased from 6-1, 1931, to 10-10, 1931  
 I last saw her alive on 10-9, 1931 Death is said to have occurred on the date stated above, at 4:00 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Myocarditis  
General Anasarca  
12/11  
930  
 Other contributory causes of importance:  
Septicemia  
none  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? None Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? None Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? Home  
 (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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) H. C. Post M. D.  
 (Address) 1532 2021 Ave

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.

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Argentine

2-4 ; 7-8

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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH.**

County..... Registration District No..... File No.....  
Township..... Primary Registration District No..... Registered No. 4121  
City..... (No. 1407 W. 8<sup>th</sup> St.)..... Sl. .... Ward)

**2. FULL NAME** Grace H Markle

(a) Residence No..... St..... 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 76 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min. 58

**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)

(STATE OR COUNTRY)

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14.

INFORMANT (Address)

15.

FILED 10/11/31 M. M. Browne REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 9 1931

17. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... that I last saw h..... alive on..... 19....., and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Myocarditis Chronic  
General Anasarca

CONTRIBUTORY (SECONDARY) respiritis Chronic (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.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed)....., M. D. , 19 (Address)

\*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

19

20. UNDERTAKER

ADDRESS

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

S-34416-9