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.

12484

File No. 1414
Registered No.

1. PLACE OF DEATH
County JACKSON Registration District No. 399
Township KAW Primary Registration District No. 1002
City KANSAS CITY (No. 3212, WARWICK St. Ward)

2. FULL NAME MRS. EVA GRAYCROFF Graycroft
(a) Residence, No. 3212 WARWICK St., 5 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: FEMALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) ~~WIFE OF~~ WIDOW OF ROLLA GRAYCROFF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE-1-1882

7. AGE: Years 49 | Months 10 | Days 2 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE
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) JACKSONVILLE 2
(STATE OR COUNTRY) FLORIDA

FATHER
13. NAME UNKNOWN
14. BIRTHPLACE (CITY OR TOWN) 31
(STATE OR COUNTRY) UNKNOWN

MOTHER
15. MAIDEN NAME UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) UNKNOWN
(STATE OR COUNTRY)

17. INFORMANT MRS. W. M. NICHOLS
(ADDRESS) 3212 WARWICK

18. BURIAL, CREMATION, OR REMOVAL
PLACE CREMATION DATE APRIL-4 1932

19. UNDERTAKER D. W. NEWCOMER'S SONS
(ADDRESS) 2111 EAST 9TH ST.

20. FILED 4/4, 1932 M. M. Crane Registrar.

MEDICAL CERTIFICATE OF DEATH

1

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APRIL - 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1932, to April 3, 1932
I last saw h. alive on April 2, 1932. 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:

	Date of onset
Nephritis chronic	Ja 52
131	

Other contributory causes of importance:

1

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....
If so, specify .....
(Signed) R. L. St. Clair, M. D.
(Address) 5242 St. John

5242 St. John
9:30