

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.

32337

1. PLACE OF DEATH

County JACKSON
Township KAW
City KANSAS CITY

Registration District No. 399
Primary Registration District No. 3023
(No. 3311 CLEVELAND AVE.)

File No. _____
Registered No. 3863
St. _____ Ward _____

2. FULL NAME

FRANK LA GRECE

(a) Residence, No. 417 E. PACIFIC St. 1 Ward. INDEPENDENCE, MISSOURI
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 26 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5 - 19 - 1877

7. AGE YEARS 55 MONTHS 4 DAYS 24 IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. MACHINIST 60

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

10. Date deceased last worked at this occupation (month and year) OCT. 13, 1932 11. Total time (years) spent in this occupation. 33

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN GERMANY 10

13. NAME UNKNOWN

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN 51

15. MAIDEN NAME UNKNOWN

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

17. INFORMANT WILLIAM LAGRECE
(ADDRESS) 214 W. INDEP. AVE., INDEP. MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE MOUND GROVE DATE OCT. 16-1932

19. UNDERTAKER STAHL'S FUNERAL HOME
(ADDRESS) 815 W. MAPLE AVE., INDEP. MO.

20. FILED 10/14 1932 M. M. Crowe
Asst. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) OCT. 13, 1932 1932

22. I HEREBY CERTIFY that I attended deceased from Dep't. Crowe 1932

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 4:15 PM m.

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

Coronary sclerosis Date of onset 94B

Other contributory causes of importance: _____

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) Stanley A. Crowe M. D.
(Address) Dep't. Crowe

