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.

MAR 9 1933

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

Do not use this space.

1. PLACE OF DEATH

County Jackson — Registration District No. 404 — File No. 6113

Township Washington — Primary Registration District No. 5558 — Registered No. 14

City Kansas City, Mo. (No. 9225 Grand St. Ward)

2. FULL NAME Mrs. Grace E. Harrison

(a) Residence, No. 9225 Grand 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: 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: Wilbert Harrison

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 10, 1878

7. AGE: YEARS 54 — MONTHS 7 — DAYS 14 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

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): Illinois

FATHER

13. NAME: Isac M. Cordray

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER

15. MAIDEN NAME: Charlotte Henderson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

17. INFORMANT (ADDRESS): Nannie C. Dickey, 9225 Grand Ave. K.C. mo.

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Forest Hill — DATE: Feb. 27-33, 19

19. UNDERTAKER (ADDRESS): R.V. Lindsey & Sons, Inc. Kansas City, Mo.

20. FILED Feb 28, 1933 Fred R. Sinclair, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 24-33, 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 23, 1932, to Feb 24, 1933

I last saw her alive on Jan 31, 1933. Death is said to have occurred on the date stated above, at 7:45 P m.

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

Apoplexy — Date of onset

82A

97

Other contributory causes of importance: arterio sclerosis

Name of operation none — 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? no

If so, specify

(Signed) R C Ragan, M. D.

(Address) 404½ W 75 Ck