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.

8536

File No. ____ Registered No. 234

1. PLACE OF DEATH

County: Buchanan — Registration District No. 85

Township: ____ — Primary Registration District No. 1001

City: St. Joseph (No. 2713 Mary street St. ____ Ward)

2. FULL NAME: Grace Helen Komer

(a) Residence, No. 2711 Locust street St., ____ Ward. (If nonresident, give city or town and State)
(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? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

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: Anthony F. Komer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): February 17, 1896

7. AGE: Years 37 | Months 0 | 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.: House wife

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): St Joseph Missouri

FATHER

13. NAME: William Brady

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

MOTHER

15. MAIDEN NAME: Delia Majors

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown U.S.A.

17. INFORMANT (ADDRESS): Anthony F. Komer 2711 Locust st St Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL: Mt Olivet Cemetery
PLACE: St. Joseph Mo. DATE: March 5, 1933

19. UNDERTAKER (ADDRESS): H. A. Schenkaden 1802 Union st St Joseph Mo.

20. FILED: MAR 3 1933, 19____ John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 1, 19 33

22. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1933, to March 1, 1933

I last saw her alive on Feb 28, 1933. Death is said to have occurred on the date stated above, at 7:15 P.m.

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

	Date of onset
Acute Endocarditis	
Septicemia	
Pneumonia	

Other contributory causes of importance: Cirrhosis of Liver

Name of operation: ____ Date of: ____

What test confirmed diagnosis? ____ 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) B. W. Fischalser M. D.

(Address) 104 S. Belg. St Joseph Mo

JAN 18 1952
JAN 2 1952
DEC 28 1951