

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan
Township St. Joseph
City St. Joseph (No. at home)

Registration District No. 8.5
Primary Registration District No. 1001
4/15 Moon

File No. 15814
Registered No. 530
St. Ward

2. FULL NAME Daniel Grace.

(a) Residence, No. 415 Mason Ave. St. 10 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 22, 1844.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ...hrs. or min.
88 10 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) about 1910. 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Laurenceboro (STATE OR COUNTRY) Indiana.

13. NAME Doc. Grace
14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Mrs. Pearl Foots

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

17. INFORMANT Mrs. Pearl Foots (ADDRESS) 415 Mason Ave. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bathal Cemetery DATE May 22, 1933.

19. UNDERTAKER Fred D. Clark (ADDRESS) 024 King Hill Ave. St. Joseph, Mo.

20. FILED MAY 22 1933 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-13-33, to 5-20-33

I last saw him alive on 5-19-33 Death is said to have occurred on the date stated above, at 3:30 p.m.

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

Chronic Brights Disease Date of onset about 2740

Other contributory causes of importance General Arterio Sclerosis

Name of operation Clinical Date of
What test confirmed diagnosis? Clinical 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) John R. Bender M. D.

(Address) St. Joseph, Mo.

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.

JUN 20 1933

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