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

Do not use this space.
1420

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. 5809 Woodland Ave. St. Ward)

Registration District No.
Primary Registration District No.

File No.
Registered No. 402

2. FULL NAME Mrs Grace Cowell Sullivan
(a) Residence, No. 5809 Woodland Ave St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 30 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 William J. Sullivan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 5, 1896

7. AGE: Years 37 | Months 10 | Days 19 | 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) Missouri

FATHER
13. NAME Albert Cowell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Julia E. MacDonald
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

17. INFORMANT Mr. William J. Sullivan
(ADDRESS) 5809 Woodland Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE 1/27/34 19

19. UNDERTAKER Freeman Mortuary & Chapel
(ADDRESS) 42nd & Baltimore Ave.

20. FILED Jan 26 19 34 M. M. Lessure asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/24/34 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 19 32, to Jan 19 34
I last saw h. alive on Jan 24 19 34. Death is said to have occurred on the date stated above, at 7:40 P. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	2 years
Uremic Coma + Convulsions	1/23/34
1/22 A	
1/32 A	

Other contributory causes of importance:

Mitral Regurgitation	2 years

Name of operation Date of
What test confirmed diagnosis? None 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) Wilbur A Baker, M. D.
(Address) 1038 Argyle Bldg. K.C. Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD