MAR 24 1934

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

Do not use this space.

File No. 5090
Registered No. 816

1. PLACE OF DEATH

County: Jackson — Registration District No.:
Township: ~~Kaw~~ — Primary Registration District No.:
City: Kansas City (No. 2200 East 67th St Terrace St. Ward)

2. FULL NAME Mrs. Genevieve H Grant

(a) Residence, No. 2200 East 67th Terrace 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF WIFE OF Malcolm F Grant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 14, 1901

7. AGE: YEARS [illegible] MONTHS 4 DAYS 4 If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION: Kind of work Housewife; Industry At Home; Employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Kansas City, Missouri

10. Usual occupation of husband: Merchant

11. Total time (years) spent in this occupation: 18

Mr Anderson
See Purple Book
See Hours
Jan 5009
Ja 7477
Leo 6041 Lauch

FATHER

13. NAME John Theobold

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Margaret Mallory

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

17. INFORMANT Malcolm F Grant
(ADDRESS) 2200 East 67th Terrace

18. BURIAL, CREMATION, OR REMOVAL
PLACE San Antonio Mo DATE 3/20 34, 19

19. UNDERTAKER Quirk & Tobin Co.
(ADDRESS) 20 West Linwood

20. FILED 3/19, 1934 M. M. Lorome
Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

(4)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 18 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 24, 1933, to Feb 18, 1934.

I last saw h. alive on Feb 18, 1934. Death is said to have occurred on the date stated above, at ... The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of left breast	7-10-33
Primary Right Breast	
Other contributory causes of importance: Secondary Anemia	unknown

Name of operation Breast amputation Date of 7-10-33
What test confirmed diagnosis? Path. Lab. 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) M. Anderson, M. D.
(Address) 724 Purple Bldg

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be careful in filling out this blank. THIS IS A PERMANENT RECORD. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.