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 24 1934

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

Do not use this space.

899

5218

1. PLACE OF DEATH
County Jackson — Registration District No. 1032 — File No. 944
Township Kaw — Primary Registration District No. — Registered No.
City Kansas City (No. 1608 Jim St. St. Ward)

2. FULL NAME Oscar William Gratehouse
(a) Residence, No. 1608 Jim 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: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 26-1934

7. AGE — YEARS: — MONTHS: X DAYS: 29 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Child
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) Kansas City Missouri

FATHER
13. NAME Thos. Gratehouse
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) K. C. Missouri

MOTHER
15. MAIDEN NAME Blanche Ring
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pleasant Hill Mo.

17. INFORMANT (ADDRESS) Thos. Gratehouse 1608 Jim St.

18. BURIAL, CREMATION, OR REMOVAL Green Lawn DATE Feb 28 1934

19. UNDERTAKER (ADDRESS) Rose & Henderson 15 Jackson

20. FILED 2-27 1934 M. M. Crowe asst Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 26/34, 19

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

Pyrexia hyperplasia
Status lymphaticus

Date of onset

Other contributory causes of importance:

Name of operation ... 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?
If so, specify
(Signed) ..., M. D.
(Address) ...