

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

Do not use this space.

20539

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 399
Primary Registration District No. R002
(No. 5816 E 12th)

File No. _____
Registered No. 7805
St. _____ Ward _____

2. FULL NAME Daniel B. Grace

(a) Residence, No. 5816 East 12 St., _____ Ward _____
(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. (If nonresident, give city or town and State)

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 (OR) WIFE OF Sarah E. Grace

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 23 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
64 1 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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

13. NAME John E. Grace

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

15. MAIDEN NAME Frances Stires

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

17. INFORMANT Daniel L. Grace
(ADDRESS) 5816 East 12

18. BURIAL, CREMATION, OR REMOVAL PLACE St Joseph DATE June 21, 34

19. UNDERTAKER Rose & Henderson
(ADDRESS) 15 JACKSON

20. FILED 6-19-34 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

I HEREBY CERTIFY That I attended deceased from June 12, 1934, to June 19, 1934.
I last saw him alive on June 18, 1934. Death is said

to have occurred on the date stated above, at 9:30 m.

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

Myocardial infarction Date of onset 1933

920
97 920

Other contributory causes of importance: Arteriosclerosis 1934

Name of operation None Date of _____

What test confirmed diagnosis? Observation Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Not
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) W. J. O'Connell M. D.

(Address) 6407 Washington Park, Kansas City, 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.

JUL 17 1934

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Dr. Callaghan