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.

AUG 21 1934

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

Do not use this space.

24671

File No. 32355

Registered No. 8

Registration District No. 399 1007

Primary Registration District No. 8

1. PLACE OF DEATH

County: Jackson

Township: ~~Kaw~~

City: Kansas City (No. Trinity Lutheran Hospital St. Ward)

2. FULL NAME: Laura Elizabeth Brace

(a) Residence, No. 800 West 72nd Street 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: 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: H. T. Brace

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): February 28, 1866

7. AGE: Years 68 | Months 4 | Days 22 | 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): England

FATHER

13. NAME: ? Seeger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

MOTHER

15. MAIDEN NAME: No information

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No information

17. INFORMANT (ADDRESS): H. T. Brace 800 West 72nd St

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE: Mt Moriah DATE: 7-23 1934

19. UNDERTAKER (ADDRESS): Shine & McClure 3228 William St

20. FILED 7-21 1934 Mon Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 11 1934, to July 28 1934, I last saw her alive on July 26 1934. Death is said to have occurred on the date stated above, at 2:30 P. m.

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

	Date of onset
Cerebral Thrombosis	
326	
99	
102	

Other contributory causes of importance:

Arteriosclerosis

Arterial Hypertension

Name of operation: None 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?

If so, specify

(Signed) Carl L. Ferris, M. D.

(Address) 934 Ayres Bldg

934