

NOV 13 1934

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township St. Joseph

Primary Registration District No. 6218 30.3 rd.

City St. Joseph

(No. 6218 30.3 rd.)

File No. 35268

Registered No. 1151

St. Ward

2. FULL NAME Laura Luema Grace

(a) Residence, No. 6218 So.3rd. St. Ward

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 22 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 J. W. Grace

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 9, 1872

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 61 11 2

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month year) Oct. 1930 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph Mo.

13. NAME Samuel Cross

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

15. MAIDEN NAME Mary Matthews

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ill.

17. INFORMANT J. W. Grace (ADDRESS) 6218 So.3rd. St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethel Cem.

DATE Oct. 14, 1934

19. UNDERTAKER Heed & Clark (ADDRESS) 5025 King Hill Av.

20. FILED 10-12- 19 34 John R. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 12 19 34

22. I HEREBY CERTIFY, That I attended deceased from July 20 19 34 to Oct 12 19 34

I last saw him alive on Oct 11 19 34 Death is said to have occurred on the date stated above, at ST. JOSEPH

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

Pulmonary tuberculosis Date of onset 1930

Other contributory causes of importance:

myocardial inefficiency

Name of operation 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? No

If so, specify

(Signed) C. Grant M. D.

(Address) St. Joseph, Mo.

