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

MAY 21 1935

Do not use this space.

12061

1. PLACE OF DEATH

County Buchanan — Registration District No. 86

Township Wayne — Primary Registration District No. 528 — File No. 34

City St. Joseph (No. ..... St. ..... Ward) — Registered No. 34

2. FULL NAME John Edward Grace.

(a) Residence, No. Rural Route No. 7 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. 7 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)
Male	white	single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unk 1877.

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
About 58			

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. Armour & Co.

10. Date deceased last worked at this occupation (month and year) 1921. — 11. Total time (years) spent in this occupation .....

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

FATHER

13. NAME Daniel Grace.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ******* Indiana.

MOTHER

15. MAIDEN NAME Mary Odum

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

17. INFORMANT (ADDRESS) Mrs. Clara Keling. R. R. No. 7.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bethel Cemetery. DATE April 3, 1935.

19. UNDERTAKER (ADDRESS) H. D Clark 5025 King Hill Ave. St. Joseph, Mo.

20. FILED May 3 1935 J. J. Bradley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 30, 1935, to Mar 31, 1935

I last saw him alive on Mar 31 1935. Death is said to have occurred on the date stated above, at 4 P m.

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

	Date of onset
Cerebral Hemorrhage	3-30-35

Other contributory causes of importance:

Arteria Sclerosis and Hypertension	Unk Unk

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? No

If so, specify ✓

(Signed) H. A. Robertson, M. D.

(Address) St. Joseph Mo

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.

THIS IS A PERMANENT RECORD