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.

MAY 21 1935

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

Do not use this space.

12062

File No.

Registered No. 35 -

1. PLACE OF DEATH

County Buchanan — Registration District No. 86

Township Washington — Primary Registration District No. 527

City St. Joseph (No. Route # 5, St. Ward)

2. FULL NAME Julia Mae Pace

(a) Residence, No. Route # 5 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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 15, 1934

7. AGE: Years 0 — Months 7 — Days 3 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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) St. Joseph
(STATE OR COUNTRY) Missouri

FATHER

13. NAME Clyde H. Pace

14. BIRTHPLACE (CITY OR TOWN) Cedar Co.
(STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Anna Goerke

16. BIRTHPLACE (CITY OR TOWN) St. Joseph
(STATE OR COUNTRY) Missouri

17. INFORMANT Clyde H. Pace
(ADDRESS) Route # 5 St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashland DATE Apr 19, 1935

19. UNDERTAKER Clark Mortuary
(ADDRESS) 5025 King Hill Ave.

20. FILED Apr 19, 1935 J. J. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 18, 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to 4-17, 1935

I last saw her alive on 4-17, 1935. 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:

	Date of onset
Bronchio Pneumonia	2 days

Other contributory causes of importance:

Lymphadenitis	2 wks.
Scarlet Fever	5 wks.

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) O. S. Grayson, M. D.

(Address) 212 Karnes Street