

SEP 25 1935

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

Do not use this space.

26607

1. PLACE OF DEATH

County JacksonRegistration District No. 399Township KawPrimary Registration District No. 1002City Kansas, City, Mo. (No. Robinson Clinic)

File No. _____

Registered No. 3426J

St. _____ Ward)

2. FULL NAME

Mrs. Grace A. Hassel(a) Residence, No. 440 Colorado 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

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFHenry W. Hassel6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 24, 1889

7. AGE

YEARS

46

MONTHS

7

DAYS

2

IF LESS than 1

day, _____ hrs.

or _____ min.

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Housewife9. 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

David Boston

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

15. MAIDEN NAME

Mary Baker

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

17. INFORMANT

(ADDRESS)

Henry W. Hassel
440 Colorado, K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Memorial Park DATE Aug. 27-35

19. UNDERTAKER

(ADDRESS)

C.H. Blackman & Son, Inc.
2825 Indep. Blvd. K.C. Mo.

20. FILED

Aug 26 1935 M. M. Grove

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 26-35 19

22. I HEREBY CERTIFY, That I attended deceased from

Aug 18, 1935, to Aug 26, 1935I last saw her alive on Aug 28, 1935. Death is saidto have occurred on the date stated above, at 7:08 A.M.

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

UremiaDate of onset
8-19-35

Other contributory causes of importance:

Hypertension, Chronic
nephritismany
years
ago.

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) Walter Wilson Jr., M. D.(Address) 8100 Wilson Ave.

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.

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Main body of handwritten text, appearing to be a list or series of entries, though the characters are highly stylized and difficult to decipher.