

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

Do not use this space.

18888

JUN 7 1936

1. PLACE OF DEATH

County Clay Registration District No. 197
 Township Gallatin Primary Registration District No. 5276A
 City North Kansas City (No. R. F. D. #5 North Kansas City) (Ward)

2. FULL NAME Grace Grady

(a) Residence, No. R. F. D. #5 P. O. #100 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 <u>Female</u>	4. COLOR OR RACE <u>Wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William Grady</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 14 1889</u>		
7. AGE	YEARS <u>47</u>	MONTHS <u>1</u>
	DAYS <u>28</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>	
	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
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Overbrook, Neb., Kans.</u>	
	13. NAME <u>J. Marley</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
MOTHER	15. MAIDEN NAME <u>Cermita Martin</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Spain</u>	
17. INFORMANT (ADDRESS) <u>William Grady, P. O. #100</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Green Lawn</u> DATE <u>5/15</u> 19 <u>36</u>		
19. UNDERTAKER (ADDRESS) <u>Mrs. G. L. Foster, 918 Brooklyn, P. O. #100</u>		
20. FILED <u>May 13 1936</u> <u>Viola C. Meyer</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12 1936

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1936, to May 12, 1936

I last saw her alive on May 12, 1936 Death is said

to have occurred on the date stated above, at 8 P. m.

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

Chronic Nephritis Date of onset many years
Cardiovascular renal Syndrome

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis _____ 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) W. A. Johnson, M. D.

(Address) Liberty no

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.

Liberty