

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

Do not use this space.

1. PLACE OF DEATH *AUG 15 1936*
 County Buchanan Registration District No. 85
 Township Washington Primary Registration District No. 1001
 City St. Joseph (No. St. Joseph's Hospital) St. Ward
2. FULL NAME Frances Lucille Grace.
 (a) Residence, No. 1722 Bell St. St. Ward
 (Usual place of abode)
 Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

25593

File No.
 Registered No. 953
 St. Ward

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 Cecil A. Grace.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 18, 1911.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
25 3 29

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.
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) July 1, 1936. **11. Total time (years) spent in this occupation**

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

FATHER
13. NAME Charles F. Fry.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Plattsburg Missouri.

MOTHER
15. MAIDEN NAME Vera O'Neale.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Plattsburg Missouri.

17. INFORMANT (ADDRESS) Cecil A. Grace. 1722 Bell Street.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Home St. Joseph Mo. **DATE** July 18, 1936

19. UNDERTAKER (ADDRESS) H. O. Sidenfaden. 1802 Union St. St. Joseph Mo

20. FILED 7-16 1936 J. H. Neelbush Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1936 to July 17, 1936

I last saw h. ex alive on July 17, 1936. Death is said to have occurred on the date stated above, at 3.0 A.M.

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

General peritonitis Date of onset 7/1/36
ruptured tubed and ovaries (abscess)

Other contributory causes of importance:

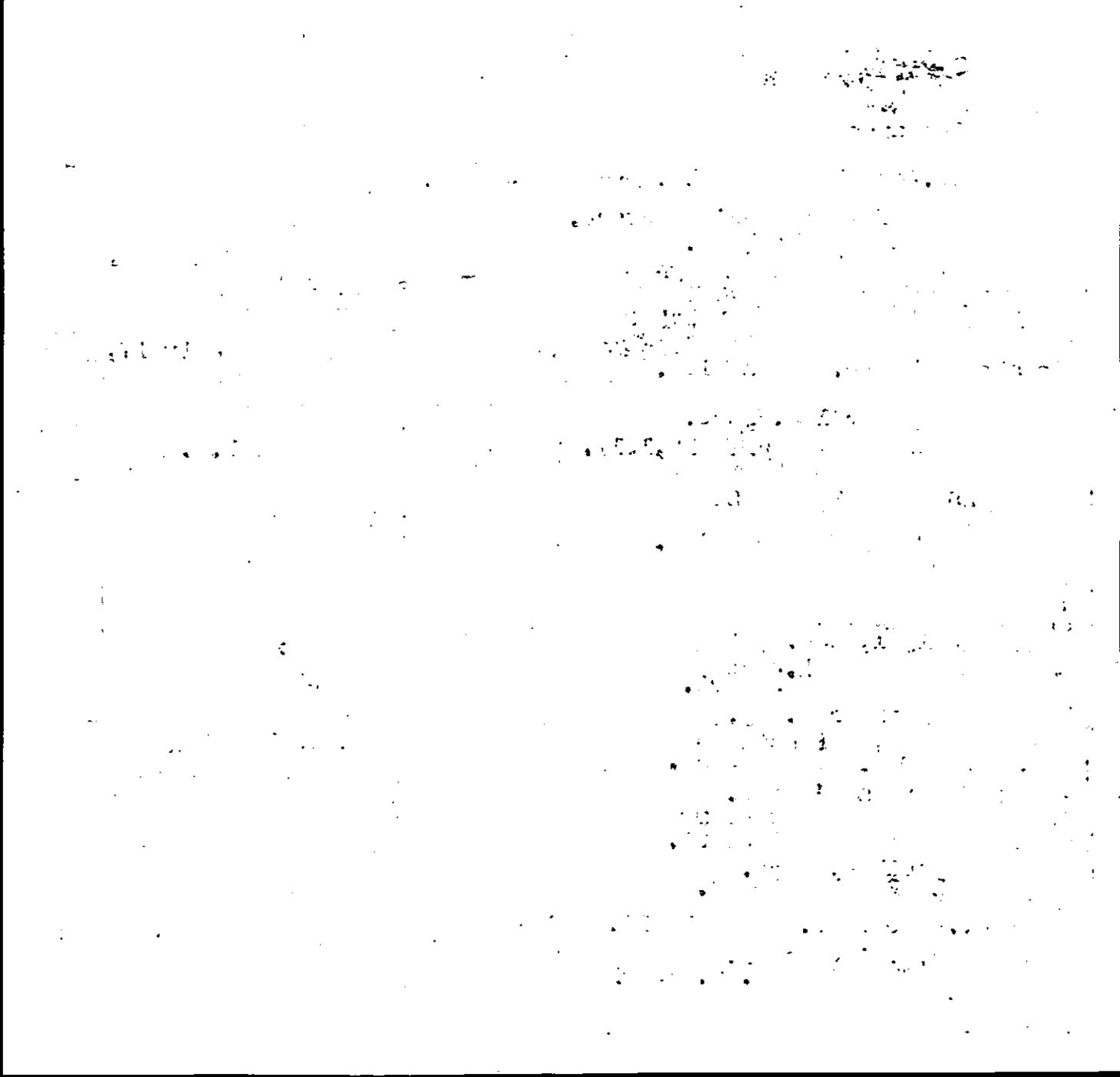
35
Name of operation Grauer abdominal exploration **Date of** 7/7/36
What test confirmed diagnosis **Was there an autopsy?** no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 0 **Date of injury** 0, 19
Where did injury occur? 0
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Manner of injury 0
Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify
 (Signed) J. H. Neelbush, M. D.
35 Charles

(Address)



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1. PLACE OF DEATH

County Buchanan Registration District No. 85 File No. _____
 Township St. Joseph Primary Registration District No. 1001 Registered No. 933
 City St. Joseph (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ 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 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 _____

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

7. AGE YEARS MONTHS DAYS If LESS than day, hrs. or min.
25 3 29

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.

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) _____

13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19____

19. UNDERTAKER (ADDRESS) _____

20. FILED 7/16 1936 A. J. McCarroll Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17, 1936

22. I HEREBY CERTIFY, that I attended deceased from _____, 19____, to _____, 19____

Last saw him alive on _____, 19____. 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:

General peritonitis infected tubes and ovaries (abscess) Date of onset _____

Other contributory causes of importance:

Gonorrhoea
 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) F. G. Thompson, M. D.

(Address) 82 1/2 Charles St. St. Joseph

SUPPLEMENT

5-25593