

OCT 15 1936

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

Do not use this space.

34454

1. PLACE OF DEATH

County JacksonRegistration District No. 399Township KawPrimary Registration District No. 1002City Kansas City(No. 6226 Tracy)File No. 61022

Registered No. _____

St. _____ Ward)

2. FULL NAME

Grace M. Blaine(a) Residence, No. 6226 Tracy 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
-------------------------	----------------------------------	---

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Blaine6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 30, 1878

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>58</u>	<u>4</u>	<u>11</u>	

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	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois13. NAME Adolph Stocker14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record15. MAIDEN NAME No record16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record17. INFORMANT Mr. James Blaine,
(ADDRESS) 6226 Tracy18. BURIAL CREMATORY OR REPOSITORY Highland Park Cemetery
PLACE Kansas City, Kans DATE Sept. 14, 193619. UNDERTAKER Stine & McClure
(ADDRESS) 3235 Gillham Plaza20. FILED 9-12 1936 m.m. Crowl asst
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 11, 193622. I HEREBY CERTIFY, That I attended deceased from May 1931 to Sept 11, 1936I last saw him alive on Sept 14, 1936 Death is said to have occurred on the date stated above, at P. m. 12:10

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

Rheumatic Heart Disease
mitral stenosis
Hypertension

Date of onset

Other contributory causes of importance

Name of operation _____ Date of _____

What test confirmed diagnosis? etc. Was there an autopsy? no23. 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) George J. Lee, M. D.(Address) 730 Professional Bldg,
Kansas City, Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

Handwritten text at the top of the page, possibly a title or header.

Small printed text in the top right corner, possibly a page number or reference code.

Large handwritten text in the upper middle section, possibly a name or a specific title.

Vertical handwritten text on the left margin.

Main body of the document containing dense, mostly illegible handwritten text.

5-34454