

DEC 18 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

40466

1. PLACE OF DEATH

County BuchananRegistration District No. 85

Township

Primary Registration District No. 1001City St. Joseph(No. 5318 Belding)

File No.

Registered No. 1447

St. Ward

2. FULL NAME Barbara Jean Grace(a) Residence, No. 5318 Belding Ct.

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 6 mos. 10 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) May 10, 1936

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

0610

OCCUPATION

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

Infant

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)

St. JosephMissouri

FATHER

13. NAME

O. J. Grace

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

St. JosephMissouri

MOTHER

15. MAIDEN NAME

Evelyn Stout

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

St. JosephMissouri

17. INFORMANT (ADDRESS)

O. J. Grace6312 Belding St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Bethel Cem.

DATE

Nov. 21, 1936

19. UNDERTAKER

(ADDRESS)

Clark Mortuary5021 King Hill Ave.

20. FILED

Nov 21 1936H. E. Robertson

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 20, 193622. I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1936, to Nov. 20, 1936I last saw her alive on Nov. 20, 1936. Death is saidto have occurred on the date stated above, at 6:50 a.m.

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

Acute Gastro-Enteric infectionDate of onset Nov. 13

Other contributory causes of importance:

Malnutrition

Name of operation

Date of

What test confirmed diagnosis? Clinical 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) H. E. Robertson

, M. D.

(Address) St. Joseph 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.

I X764

